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Missouri Department of Social Services
221 West High Street • P.O. Box 1527 • Jefferson City, MO 65102-1527



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Missouri Department of Social Services Children's Division Child and Family Services Program Improvement Plan

This Program Improvement Plan (PIP) is the response of the Missouri Children's Division (CD) to the federal Child and Family Services Review (CFSR) conducted December 2003. The final report issued in March 2004 provided information on strengths and areas needing improvement for services provided by the Children's Division. The recommendations contained in the CFSR final report, coupled with over 100 recommendations from additional reviews by the Governor, legislators, judiciary and state auditor, provide the Children's Division with rich data to develop strategies for enhancing practice. The PIP was developed in partnership with numerous stakeholders including the Division of Youth Services, Office of State Courts Administrator, universities, service providers, child welfare colleagues, Department of Public Safety, Department of Elementary and Secondary Education and Department of Mental Health. The PIP will provide a framework for achieving systemic improvement in practice and ultimately improved outcomes for Missouri's children and families.

The March 2004 CFSR report provided information on both strengths and areas needing improvement as identified through case review, state self-assessment, and stakeholder interviews. The following is a brief summary of the strengths and areas for improvement as reported for each of the three outcome areas contained the review.

SAFETY

Strengths:

- Missouri's dual track system; and,
- Structured Decision Making and Confirming Safe Environments as positive improvements for assessing the risk of harm to the child.

Areas for Improvement:

- Consistency in the timely initiation of investigations;
- Reduction in the recurrence of maltreatment within a 6-month period;
- Improving access and delivery of services; and,
- · Consistently addressing risk of harm.

PERMANENCY

Strengths:

- Preventing re-entry into foster care;
- Missouri's Resource Guide for Best Practice in Child Abuse and Neglect Cases;
- Stakeholder reports of worker commitment to ensuring children have sufficient visitation with parents and siblings; and,
- Stakeholder reports of concerted efforts to preserve family connections;

- Criminal background and child abuse and neglect checks prior to placement with relatives, as well as completion of competency-based training and home studies; and,
- Innovative initiatives designed to promote the relationship between parents and children.

Areas for Improvement:

- Consistency in assuring children's placement stability in foster care;
- Consistency and timeliness in establishing appropriate permanency goals:
- Adequacy of resources to meet child placement needs;
- Consistent, diligent search efforts for relatives as potential placement resources;
- · Documentation of valid reasons for separating siblings;
- Increasing efforts to assure children's connection with extended family;
- Improving efforts to maintain relationships with non-custodial parents; and,
- Achieving children's permanency goals in a timely manner.

WELL-BEING

Strengths:

- A wide array of services throughout the state that include mental health, parent aide services (homemaker, supervising visits and transportation services), mentors, independent living services, parent education classes, transportation services, intensive in-home services and drug and alcohol services;
- Parent involvement in case planning for foster care cases;
- Concerted efforts to meet children's educational needs;
- 100 school-based social worker positions partially funded by the Children's Division in schools throughout Missouri;
- Meeting the physical health needs of children in foster care; and,
- The Systems of Care initiative focused on providing mental health services to children with serious mental health concerns without bringing them into residential care.

Areas for Improvement:

- Consistency in addressing families needs for services and/or provision of services;
- Availability and accessibility of needed services, especially in some areas of the state;
- Fully engaging parents and children in case planning;
- Frequency of worker visits to assure needs are met:
- Focusing worker visits on issues pertinent to case planning, service delivery, and goal attainment;
- Diligent efforts to meet children's educational needs especially in inhome cases dealing with issues of truancy or educational neglect;
- Dental services for children; and,

 Assessment of mental health needs and provision of mental health services.

KEY INFRASTRUCTURE IMPROVEMENT COMPONENTS

In addition to the federal Child and Family Services Review (CFSR), the Children's Division has undergone numerous audits and reviews in recent years, including a Council on Accreditation for Children and Families (COA) Self Study and preliminary COA site visit. These studies and reviews have produced consistent themes underscoring what is done well and where improvement is needed. In developing a plan of action to achieve the excellence we envision, the emergence of these consistent themes provided a foundation upon which to build. Key components were identified, which include: 1) an effective organizational structure; 2) circuit self assessment and strategic improvement; 3) professional development and practice enhancement; 4) improving service access and intentionality and 5) accountability, including data driven management.

ORGANIZATIONAL STRUCTURE

Governor Bob Holden issued an executive order reorganizing the Department of Social Services effective August 28, 2003. The reorganization created a Children's Division by combining the Children Services Section of the former Division of Family Services with the Office of Early Childhood. The goal for establishing the new division was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues within the agency and leveraging prevention investments to reduce abuse and neglect. The new organizational structure emphasizes supporting the work of front line staff. Leadership is committed to continuous quality improvement that builds on existing strengths to address areas of concern. The Division has undergone an extensive review of its organizational needs and is reorganizing with a focus on practice excellence that includes: 1) a clearly articulated vision and mission for the Division; 2) a new organizational structure that is aligned with judicial circuits and supports circuits through cross-functional teams at the state, regional, and local levels 3) strong partnerships with communities, courts, law enforcement and treatment providers; 4) high quality training for all staff; 5) a mentoring program for new staff; and 6) flexible funding to meet the unique needs of children and families.

The mission of the Children's Division has been affirmed as follows:

The mission of the Children's Division is to partner with families and communities to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri's children.

The recently drafted guiding principles for the Division are:

■ Partnership - Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

- PRACTICE The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.
- **Prevention** Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.
- PROTECTION Children have a right to be safe and live free from abuse and neglect.
- **Permanency** Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.
- Professionalism Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

Clearly articulating the Division's mission, guiding principles and practice model is foundational to building an infrastructure that supports practice excellence and results in improved outcomes for children and families.

CIRCUIT SELF-ASSESSMENT

The new Children's Division is dedicated to practice excellence through continuous quality improvement. The CFSR final report underscored the fact that Missouri has sound child welfare policy. However, the report further revealed that a key issue for Missouri's system is achieving consistency in practice and application of policy. Variance was noted across circuits throughout the report.

From the beginning, Division leadership set a course for systemic improvement through self assessment and strategic planning. Leadership immediately began developing a process and protocols for individualized, circuit-based self assessment. The purpose of the self assessment is to provide a baseline for circuits with regard to their capacity, strengths, areas of need and performance. The assessment will serve as a basis for strategic planning to effect positive improvements toward measurable outcomes. The assessments will also identify needs for technical assistance, resources and support. Case reviews and outcomes monitoring will be continuous and will be conducted in conjunction with local community partners. Ongoing local committees may be established to provide independent community advice, advocacy, and accountability. These partners will help guide the Division toward its goal of imbedding best practice into the fabric of the organization to achieve safety, stability, permanency, and well-being for children and their families.

Potentially, local committee responsibilities would include:

- Support and monitor implementation and utilization of the case review process;
- Assist in the recruitment of case review participants;
- · Receive, process, understand and analyze information, including,
 - Children's Division QA reports
 - Children's Division Peer Review Reports
 - Children's Division System Reports

- Other pertinent information;
- Solicit community input regarding quality/satisfaction of the service delivery (possible focus groups, surveys, etc. with providers, consumers, foster parents, and workers):
- Make recommendations to the Children's Division:
- · Review response to recommendations;
- · Monitor progress in implementation; and,
- Maintain confidentiality

The Circuit Self-Assessment, completed in August 2004 involved each circuit identifying their strengths and challenges in providing high quality, family-focused, child protection services. The self-assessment areas for evaluation include: 1) demographics; 2) circuit structure; 3) circuit staffing; 4) management; 5)CQI process; 6) personnel practices; 7) facilities; 8) juvenile court structure and relationships; 8) community partnering; 9) service array; 10) case work practice; 11) case work and documentation; 12) outcomes; 13) training needs; 14) circuit strengths and challenges.

As previously indicated, circuit self assessment will be followed by circuit strategic improvement planning. Each circuit will assess PIP identified data measures, monitor them on an ongoing basis, develop strategies to address areas needing improvement and access technical assistance as needed through Practice Enhancement Teams. Practice Enhancement Teams will include a quality improvement leader, quality assurance specialist, program specialist, trainer and other ad hoc members based on the issue of concern. The plan is to establish Practice Enhancement Teams geographically, however, teams may be deployed across regions based on expertise and identified needs. Staff will be supported in completing the circuit self-assessment and resulting strategic improvement plans through the cross-functional Practice Enhancement Teams.

Tracking Progress

Missouri is currently in the process of developing a web-enabled SACWIS (Statewide Automated Child Welfare Information System). The intent is to design, develop and implement a SACWIS system that truly supports and streamlines the work of Children's Division staff and contracted staff. The system will provide for increased efficiency, monitoring and accountability. SACWIS will be a critical tool to support the progress made through the PIP and the circuit self-assessment and improvement process.

Based on current plans and subject to ACF approval, the first phase of the integrated SACWIS, automating Title IV-E eligibility, should be fully operational statewide by fall 2004, with Hotline Protocols implemented in early 2005. The current plan is to work simultaneously on the next phases, adding Investigation and Assessment, and Case Management I and II as funding and staffing allow based on the ACF approved plan and state resources.

Due to limited resources and the need to meet SACWIS timelines, it will be necessary to weigh the level of effort and cost involved in making changes to a Legacy System in

connection with PIP action steps versus deferring the change to SACWIS development. The Children's Division SACWIS Project Director will be an integral part of the PIP team in order to assure ongoing coordination and integration.

PROFESSIONAL DEVELOPMENT AND PRACTICE ENHANCEMENT

A goal of the Children's Division is to attain practice excellence. Practice excellence is not the end, however, but a means to improving outcomes for children and families in partnership with them. Professional development and continuous improvement are critical factors in achieving this vision. Building on the work of the Staff Development and Training Unit, the vision is to create a Professional Development and Training System that results in practice excellence through professional development planning, training, supervisory support and practice enhancement team support.

Supervisory Training and Support

The Staff Training and Development Unit has carefully examined current training, results from agency quality assurance measures such as peer record reviews and practice development reviews, the Survey of Organizational Excellence, the CQI process, COA standards and site visits, and audit reports. Feedback from regional training sessions and other state training programs was also considered.

Research shows effective supervision is critical in supporting workers in their professional development and particularly in mastery of the complex skill of assessment. Two regions of the state are currently involved in Clinical Supervision Training for front line supervisors using a role demonstration (teaching) model for clinical supervision. The training is funded through a grant with the University of Missouri-Columbia from the Quality Improvement Center at the University of Kentucky. The Clinical Supervision Training goals are: to increase child safety and protection, increase child well-being, increase positive permanency outcomes for children and increase worker stability.

It is anticipated that statewide training based on the positive principles of the clinical supervision pilot project will be implemented following the evaluation of the training. The following outlines the two key areas for improvement as well as supporting areas for improvement with core strategies for each.

- Develop a new supervisory training structure that that will build upon current administrative content and introduce a clinical focus for frontline Social Service Supervisors.
 - Supervisor training will include:
 - Leadership
 - Decision-Making
 - Case Consultation
 - Worker Professional Development
 - Accountability
- Enhance training evaluation using evaluative instruments for classroom training as well as On the Job Training. Following each classroom training

event, participants will provide a written training evaluation. Trainers will also evaluate participants during and after the sessions. On the Job Training evaluation will include feedback between staff and supervisors. This will be used to facilitate discussion between staff, clinical mentors and supervisors to identify areas of skill mastery and areas for skill improvement.

 Develop/utilize an Individualized Professional Development Plan tool for supervisors to be used by the supervisor and manager to identify skill areas acquired and demonstrated as well as skill areas needing improvement.

Worker Training and Support

The Staff Training Unit is creating a new training structure that will provide required preservice and in-service training for frontline staff and supervisors during their first two years of employment. The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new front line staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and case closure. Family systems, values, joining and engaging, cultural diversity and child development are also some of the topics addressed in the training.

The new, advanced in-service training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training with more concentrated time devoted to specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional elective in-service training during or beyond their first two years. Based on what is identified as a skills gap by the supervisor or between the supervisor and experienced staff, elective training sessions are available and enable staff to enhance their knowledge, skills, and abilities. Elective training sessions will be determined through the use of classroom and On-the-Job Training evaluations, individualized development plans and skill gaps analysis. The creation of a Training Advisory Committee comprised of clinical mentors, trainers and field staff will provide a venue for identifying areas for improved practice and assessing training needs. Although Missouri has not defined a set number of hours of required training for seasoned staff, Missouri Statutes mandates assessment and treatment staff to receive a minimum of twenty (20) hours of related training per year.

COA requires the Children's Division to promote competence in personnel by providing regular supervision and training on topics relevant to service delivery. Requirements include the opportunity to attend one or more job-related training events per year. The training session will be a mixture of knowledge-based and skill-based instruction and skill building exercises. The Children's Division partners with the department's Human Resource Center to coordinate elective training sessions for staff with less than one year's experience to meet the sixteen (16) hour training requirement post pre-service training. These training sessions are also available to seasoned staff. In addition, the Staff Training and Development Unit is scheduled to develop and implement required, advanced in-service training for frontline staff to move the agency toward practice

excellence. The strategies include staff acquiring and demonstrating skills in the following core areas:

- 1) Investigation and Family Assessment
 - Specific types of CA/N
 - Interviewing
 - Decision Making
 - Risk/Safety Assessment
 - Case Documentation
- 2) Family Centered Services
 - Case Planning
 - Family Support Team meetings
 - Family Specific Treatment Planning
 - Safety planning
 - Risk assessment/re-assessment
 - · Underlying issues/family functioning
 - Case Documentation
- 3) Family Centered Out of Home Care
 - Concurrent Planning/Case Planning
 - Case Documentation
 - Family Support Team Meetings
 - Cultural Diversity
 - · Safety assessment in Biological home and Foster Home
 - Risk assessment/re-assessment
 - Planning for closure with family and planning for re-occurrence

Family Assessment, Case Planning and Intentional Intervention

Family Assessment

A key finding of the CFSR was that the Children's Division was inconsistent in assessing and addressing the needs and services of the child, parents and/or foster parents. Of concern were incomplete assessments for parents and children. Specifically, assessment improvement is needed for non-custodial parents. Many stakeholders reported the Children's Division was effective in assessing needs and identifying services, but that services were difficult to access.

There are many initiatives in place and pilot projects to address this issue in Missouri. However, caseload sizes, supervisory to staff ratios and funding for services impact this assessment and service delivery. A key emphasis of Missouri's PIP is improving assessment tools, skills and practice. This includes greater attention to assuring complete assessments are performed, services are well matched to families' needs and innovative strategies are employed to increase access to services.

Case Planning

Family Centered Service Out-of-Home Care policy and practice utilizes a multidisciplinary team approach to incorporate input and support from a variety of community members: quardian ad litems, iuvenile officers, CASA, teachers, counselors, extended family members and other individuals that are identified by the family. Current participation by family members and community participants is less than optimal. Meetings may be scheduled based on professionals' availability rather than family participation. Communication gaps have been noted among service providers, the family and community participants involved in service planning. Individuals serving families may have different ideas about their role and different philosophies about a family's needs. As a result, the quality of the assessment and case plan is jeopardized as crucial pieces of information may be missed or unavailable. Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring all those at the table truly have a voice in the planning. Educating families about their roles and responsibilities will serve to empower families and encourage their participation in the case assessment and planning process.

Additional underlying issues regarding case planning:

- A philosophical permeation that engenders strengths-based, family-centered, family-empowering behavior;
- Improved involvement of the child;
- Greater involvement of informal supporters;
- Adequate Supervisory Supports this includes coaching and nurturing best practice.

SERVICE ACCESS AND INTENTIONALITY

In exploring underlying factors that have a substantial impact on permanency for children, the ability of frontline workers and supervisors to efficiently and effectively move clients through the change process is an important issue. When working with natural parents, frontline workers and supervisors are confronted daily by a wide range of challenges including, but not limited to, drug abuse, mental illness, homelessness, poverty and domestic violence. Each of these issues becomes an even greater challenge when commingled with the complexities of personality types, family histories, cultural variations, abuse dynamics, grief, denial and resistance to change. Maneuvering through these barriers, accurately assessing needs and matching those needs with effective services becomes imperative to the reunification of children with their natural families.

The unfortunate reality in current practice is that many of the interventions used with clients are reactive, usually following a crisis or severe regression of case progress. Often, workers are not adequately supported to acquire the skills and information, or they do not have the time to proactively help clients through the change needed for children to return home. Current supports and tools for workers and supervisors may not provide effective ways for workers to intentionally avoid potential setbacks. The

effectiveness of efforts to engage clients in change varies significantly and can result in families lingering in the child welfare system too long, and workers being drained of energy needed to continue work in the child welfare field. Developing a system that enables workers and supervisors to access proven interventions specifically related to the uniqueness of each family will result in improved outcomes for children and families.

Equipping workers with adequate knowledge to be intentional with interventions requires two components. Firstly, workers need training that facilitates their ability to expertly assess need and to identify and seek intentional interventions. Secondly, workers need access to information regarding the best, available services. The implications found in intentionality extend into many aspects of frontline work and can have substantial influence on the timeliness of reunification and the stability of children in their foster and natural families.

ACCOUNTABILITY

A strength of the Missouri Children's Division is its strong value for partnering with families and communities. The agency has worked diligently to develop partnerships with communities and to be accountable to our citizens. The Division is committed to openness, accountability, data-driven decision making and working with our partners to improve services and outcomes for children and families. In Missouri's PIP, many actions steps include partnerships with the Office of State Court Administrators, Department of Mental Health, Department of Health, state universities, Department of Public Safety, community partnerships and others.

The Children's Division is partnering with the courts to pilot court improvement projects that include open courts. A newly established Office of the Child Advocate is addressing the need for a venue for consumer and constituent issues of concern. Cross training is planned between the courts and the Children's Division.

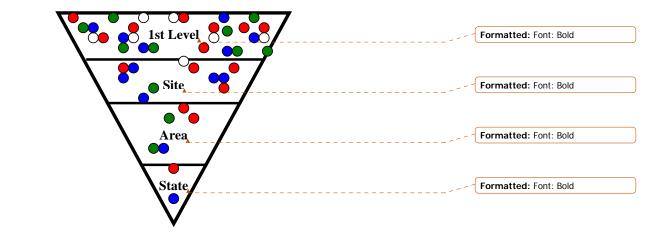
Other accountability measures include the use of structured decision making, peer record reviews, practice development reviews, circuit self assessment and outcomes report monitoring. The Children's Division is building a culture of partnership, accountability and continuous improvement and working to attain practice excellence so that safety, permanency and well being can be assured for Missouri's children. The Division will work together with families, communities, federal and state partners to implement the Program Improvement Plan to that end.

QUALITY ASSURANCE

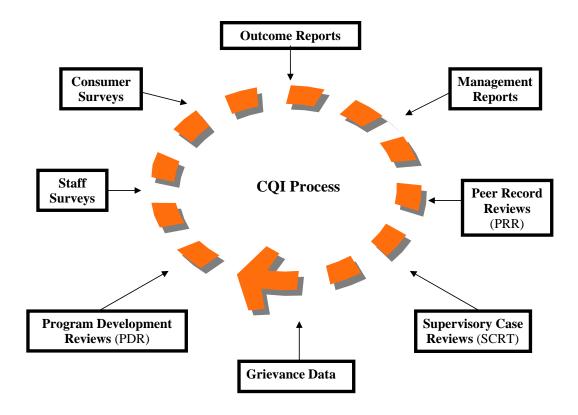
In Missouri, quality assurance exists at every level through the Continuous Quality Improvement (CQI) structure. CQI uses case related data in an aggregated, non-identifying way to provide feedback and accountability to staff in a timely manner. CQI is a process by which **all staff** are involved in the evaluation of the effectiveness of services provided by the division and every staff person is a member of a local level

CQI team which meets quarterly. CQI teams are expected to examine agency services and outcomes and in turn create and implement plans to improve services.

There are four levels of CQI teams: the first or local level, site level, area or regional level and the state level. The multi-level process allows for solutions to be generated in implemented by all levels of staff within the agency. Each CQI team sends a representative to the next level meeting. This way, problems which cannot be resolved by the local CQI teams are advanced to succeeding CQI team levels for resolution. Approximately 90% of issues discussed in CQI meetings are resolved at the first level. The following graphic represents how issues (dots) are resolved through the four levels of CQI.



Several avenues exist and are being developed for quality assurance through peer reviews, supervisory reviews, consumer and staff surveys, and grievance and outcome data, which feed into the overall CQI System. See the following flow chart.



Outcome Reports

Reports on child welfare outcome measures monitor agency performance and guide future initiatives. The outcomes are the results the agency desires to achieve and reflect a condition of well-being for children, adults, families, and communities. The outcome measures cross all program lines and are quantifiable information which indicates the degree to which desired outcomes are being achieved and provide a mechanism for evaluation of performance. There are 20 critical outcome measures, each fitting into one of the domains of safety, or permanency. They are as follow:

Safety

Measure #1.	Improve Timeliness of Initial Child Contact
Measure #2.	Improve Timeliness of Completion of Reports
Measure #3.	Reduce Reoccurrence of Abuse
Measure #4.	Reduce Incidence of Child Abuse in Foster Care
Measure #5.	Reduce Reoccurrence of Child Abuse/Neglect (after reunification)
Measure #6.	Enhance Service Delivery to Prevent Child Abuse/Neglect in Intact
	Families
Measure #7.	Enhance Service Delivery to Prevent Child Abuse/Neglect (IIS)

Permanency

Measure #8.	Reduce Time in Foster Care
Measure #8a.	Children Active in DFS Custody by Race
Measure #8b.	Children Active in DFS Custody by Age
Measure #9.	Increase Permanency for Children in Foster Care (children exiting by exit reason)
Measure #9a.	Increase Permanency for Children in Foster Care (children exiting by exitreason and race)
Measure #9b.	Increase Permanency for Children in Foster Care (children exiting by exitreason and age)
Measure #9c.	Increase Permanency for Children in Foster Care (children exiting by exit reason and length of time to exit)
Measure #10.	Reduce Time in Foster Care (Entry to Reunification, total)
Measure #10a.	Reduce Time in Foster Care (Entry to Reunification, by race)
Measure #10b.	Reduce Time in Foster Care (Entry to Reunification, by age)
Measure #11.	Reduce Time in Foster Care (Entry to Adoption, total)
Measure #11a.	Reduce Time in Foster Care (Entry to Adoption, by race)
Measure #11b.	Reduce Time in Foster Care (Entry to Adoption, by age)
Measure #12.	Increase the Number of Family Support Team Meetings (timely completion of FSTM)
Measure #13.	Reduce the Number of Placements Children Experience in Foster Care
Measure 13a.	Reduce the Number of Placements Children Experience in Foster Care(Children in Care Less than 12 Months)
Measure #14.	Reduce Re-entry into Foster Care
Measure #15.	Reduce Adoption Disruptions
Measure #16.	Increase the Number of Family Resource Providers
Measure #17.	Increase the Number of Children Placed with Relatives/kinship Providers
Measure #18.	Increase the Number of Children Residing in Their Communities
Measure #19.	Reduce the # of Children Residing in Residential Treatment Facilities
Measure #20.	Reduce the Number of Families with FCS Cases Open Over 12 Months

As most of the outcome data is reported out quarterly, six of the outcomes will be used as proxy measures for the six National Standards so progress in the PIP can be tracked on a quarterly basis. Believed to be reflective of good practice and the goals already established by the agency, the outcomes are reported out by each circuit, region, and at a state level and are available to all staff on the intranet.

Monthly Management Reports

The Children's Division Management Report is a monthly publication detailing information concerning the children's services provided by the Children's Division. Information made available through this publication includes the areas of Child Abuse and Neglect, Family-centered Services, Out-of-Home Placement, and Intensive In-home

Services. Month-end information is available through ad-hoc research requests beginning with the first working day of the following month. The on-line edition is posted approximately two weeks later. Information contained in each publication is intended for that month's use only.

Peer Review Processes

In Missouri there are two types of peer reviews conducted for quality assurance purposes; the Peer Record Review (PRR) and Practice Development Review (PDR).

Peer Record Reviews

The Peer Record Review (PRR) is a strategy designed to ensure that documentation of essential service components exist in the case record, provide objective input regarding quality service provision, and to identify systemic barriers to quality services. Intended to be supportive in nature, peer reviewers are asked to identify strengths as well as the areas of needed improvement and are expected to share their findings with staff through the use of the Peer Record Review Protocol. In addition to the Children's Division Worker gaining a new perspective, an added advantage of the process is the knowledge and skill enhancement of the reviewer.

Completed on a quarterly basis, 10% of in-home and foster care cases statewide are randomly selected for review each year. Small circuits review considerably more the 10% of a year's time. The review includes a sample of Child Abuse/Neglect cases, Family-Centered Service cases, and Out-of-Home Care cases that are currently open or have been closed within three months immediately preceding the quarter in which the review is being conducted. Ten percent of adoption and Intensive In-Home Service cases are reviewed every six months on a statewide basis.

All staff has the opportunity to participate in the PRR process, yet it is intended that front-line staff complete the majority of the reviews. To prevent a conflict of interest and maintain objectivity, reviewers do not review any case in which they are or have ever been involved. Additionally, supervisors do not review any case in which their staff has worked with directly. Reviewers are provided the case record to obtain the information for the review. The reviewers use the Peer Record Review Protocol for each record reviewed. Once completed, the information is entered into the statewide database.

Once the information is entered into the database it is generated into reports reflecting results for each site, region and state as a whole. The information is provided back to the individual sites for further analysis and is posted on the intranet for easy access by all Children's Division's employees. The Division extracts the information and develops a plan for improving on-going service delivery in areas found needing improvement as well as develops processes to build upon the strengths found from the review. Several questions from the PRR will be used in quarterly monitoring of the PIP.

Practice Development Reviews

The Practice Development Review (PDR) is modeled after the Quality Service Review model developed by Dr. Ivan Groves and Ray Foster and based on Service Testing™ methods. The PDR uses a performance appraisal process to conclude how children and families are benefiting from services. Key indicators are used to examine outcomes for individual children and families and for the service system as a whole. Through this process, strengths and areas of needing improvement are identified to achieve improved system performance, strengthened front-line practice, and better results for children and families. The PDR provides a combination of quantitative and qualitative data that reveal in detail the current status for children and their caregivers and the impact of the service system on their status.

Teams comprised of two individuals conduct the review at the designated site. Each team member completes a training session prior to the review. The review is comprised of a random sample of children who are from intact families as well as children in out of home care. The number of children reviewed varies from 12 to 24 families, depending on the size of the review site.

The review spans approximately five days and the review teams review two families each. The review team begins by familiarizing themselves with the "core story" by reviewing the family case record. Additional information about the case is obtained through conducting interviews with key informants such as the child, their foster parent, the biological parent, juvenile officer and other service providers. The PDR Protocol "Blue Book" is used to rate the status of the child and overall service system performance.

During the week, each review team has an opportunity to debrief with the other review teams. This provides an opportunity to process the information and receive feedback from the other reviewers regarding their findings. The debriefing serves as a time for reflection on the cases being reviewed and a time to develop a composite of the strengths and areas of needed improvement in the site being reviewed.

Concurrent to the case review is a process for interviewing community stakeholders. Information is gained from stakeholders, providing a general sense of how they perceive the status of children and families and the service system in the community. The interviewers use the designated protocol which mirrors the key status indicators utilized in the child and family interviews. Information gathered from these interviews is shared with the review teams, aggregated and contained in the final PDR site report.

The final phase of the review process is to share the findings with local Children's Division staff and community stakeholders. Each review team has an opportunity to meet with the Children's Division Worker and Supervisor assigned to the child's case to discuss the findings and provide feedback. Upon the conclusion

of these meetings, the Central Office PDR Coordinator presents the aggregate findings and trends to the Children's Division Staff and community stakeholders in a wrap-up community presentation. This presentation includes an opportunity for community members to ask questions and provide feedback. All of the PDR results are posted on the intranet and all Children's Division's employees have access to the information.

The number of PDRs completed each year varies and is dependent upon available fiscal resources as well as sites identified in need of evaluation. In 2004, local PDRs are being conducted in Jefferson, St. Charles, and St. Louis Counties as well as St. Louis City.

Information gained through these two types of peer reviews is used to continually measure and enhance the quality of services provided to families and children being served by the division. Both processes are designed to be supportive of staff for continuous quality improvement. The reviews are designed to provide direct feedback to front-line staff, supervisors, and administration to assist them in improving child welfare services.

Supervisory Consultation and Oversight

Supervisors are the most visible and accessible role models for CD social service workers. By actions and words, supervisors can implicitly and explicitly establish the limits of permissible behavior. Effective methods of supervision are adapted to the individuality of each CD social service worker and to the group as a whole. Based on the need and experience of the worker, individual supervisory conferences are provided on a weekly, bi-monthly, or monthly basis by plan, or by request. Monthly group meetings or conferences provide the opportunity to review memorandums, new policies and policy updates.

Although division policy requires that supervisors review cases at certain intervals, the review tool utilized varies across the state. Additionally, this data and information is not captured in a manner which can be aggregated and used for analysis. Therefore, a standardized supervisory case review tool (SCRT) will be developed and tested for use by supervisors during their case reviews. The tool is based on that used during the CFSR and examines outcomes for children and families. Information from the SCRT will be entered into a database so data can be aggregated by circuit and reported out. Many of the questions on the SCRT are qualitative in nature and therefore will be used to monitor various elements in the PIP that the division has otherwise been unable to track.

Consumer Surveys

In order to improve the quality of services, it is important to receive feedback from the children and families served by the Division. Input from consumers is obtained through surveys which are system generated and mailed from the Department of Social Services' Research and Evaluation Unit. A self-addressed stamped envelope accompanies the survey to facilitate a higher response rate and assure confidentiality.

Information from returned surveys is entered into a database, aggregated, and sent in report form to the county and regional offices for review through the Continuous Quality Improvement (CQI) process.

There are five surveys distributed targeting different types of consumers including: youth in out-of home care, adults being served through the Family-Centered Services or Family-Centered Out-of-Home Care, adults served through Intensive In-Home Services; adults who have recently been involved in an investigation or assessment, and foster/relative care providers. Each survey addresses broad issues such as participation in the service delivery process, how they were treated, if their needs were met, and the availability of staff. In addition, each survey contains a few items that address the specific needs of each targeted respondent.

Each month the following surveys are sent:

- A random sample of 10% of families who recently completed a CA/N hotline
- A random sample of 10% of families who recently completed the IIS program
- A random sample of 10% of families who are active FCS cases
- A random sample of 100 active youth in agency custody age 12+
- A random sample of 50 active Foster/Relative Families

Measures are taken to survey youth in agency custody and Foster/Relative families no more than one time per year. Data from the surveys is compiled and posted on the agency intranet for use by all staff during their CQI meetings.

Staff Survey: The Survey of Organizational Excellence (SOE)

Assessment of employee satisfaction is a way to gather vital information from our organization's most valuable resource, our employees. The SOE allows detailed and comprehensive organizational information to be obtained from all division staff for use in the development of strategies to improve on identified areas of need. The SOE is an online survey that is designed to link scores on the survey to issues impacting the organization. Survey questions are drawn from empirical and theoretical literature on organizations and specifically examine five key dimensions of life within the organization: work team, work setting, general organizational features, communication patterns, and personal demands.

Each May, during a designated two to three week period of time, staff are electronically emailed the survey and encouraged to complete it during work hours and from a work terminal. The survey can be completed on any computer connected to the internet and takes approximately 20 minutes to complete. Response rates for the survey have risen from 18% in 2002 to 60% in 2004. The survey is administered on a yearly basis and all survey results are posted on the intranet for use by division staff during CQI meetings.

Grievance Data

There are two avenues by which the Children's Division gathers grievance data; through the Service Delivery Grievance Process and through the Constituent Unit.

The Service Delivery Grievance Process

In order to maintain a continuous quality improvement culture within the organization, it is important to ensure that all youth and families served are informed of their rights and have a formal process to voice their concerns. The Service Delivery Grievance Process is a structured process by which consumer service delivery issues can be addressed at the most local level possible, allowing families the opportunity to express concerns regarding any perceived inequities, unfair treatment, or dissatisfaction with agency actions or behaviors.

Any adult family member, youth 12 years of age or older, or any child younger than 12 years of age with the assistance of a parent, guardian, out-of-home care provider, or Guardian Ad litem, who is currently receiving services or has had services terminated within the past 30 days may file a grievance.

The need to track outcomes and the means by which they were achieved is an important part of the quality improvement process. The information received from *Level One* through *Level Three* of the grievance process is entered into the statewide Service Delivery Grievance Database. Although specific grievances cannot be viewed by all staff, aggregate information for the state and each county is available for use to staff for use during CQI meetings. Each CQI team is expected to review the data and look for trends related to the quality of services being delivered, program issues, communication, etc. that led to the grievances.

Central Office Constituent Response Unit

In Central Office, the constituent unit responds to communication from consumers in the form of letters, calls, and email. This unit streamlined constituent concerns by maintaining a tracking log and providing consistency in addressing child welfare issues. The diversity of knowledge of the unit members includes a working knowledge of resources to familiarity with policies and best practices of social work. The division uses the constituent tracking log for evaluating the Children Protection System and identifies potential improvements areas.

Management Reviews

Each month, the second level supervisor reviews ten percent (10%) of the county's cases (or five [5] cases, whichever is the greater amount) which meet the following criteria: 1) The case has been open eight (8) months or longer; 2) The case has no court involvement; and 3) The case has been randomly selected from the county's total non-court involved.

Case reviews by second level supervisors and area staff are intended to evaluate the effectiveness of the social service worker's Family-Centered approach and looking at first level supervision which holds the responsibility for ensuring such services are appropriately time-limited. Recommendations are considered for whether a case should be closed or remain open.

Each month, the Area Director or designee reviews 50% of the county's cases (or one [1] case, whichever is the greater amount) which meet the following criteria: 1) The case has been open 12 months or longer; 2) It has no court involvement; and 3) It has been randomly selected from the county's total non-court involved treatment services caseload.

The Area Director or designee also reviews all of the county's cases that meet the following criteria: 1) The case has been open 16 months or longer; and 2) It has no court involvement. Each case in this category is reviewed again at four-month intervals (i.e., a case that has been opened for 16 months will again be reviewed at 20 months and again at 24 months, and so on).

Jackson County Quality Assurance System

In addition to the above quality assurance activities, the following descriptors are quality assurance efforts that have been established as a result of the Jackson County Consent Decree, *G.L. v. Stangler*. As part of the Consent Decree, an external Monitoring Committee also reviews the outcomes from all efforts in Jackson County and identifies action steps needed for improvement. The Monitoring Committee reports to the Federal Court the progress of the Jackson County Children's Division in meeting the requirements outline in the Exit Plan of the Consent Decree.

Semi-Annual Report of Compliance: Various case reviews are completed to provide the information for this report. The reviews are as follows:

- Omnibus Reviews-This review measures the compliance with the exit requirements contained in the Modified Consent Decree. These requirements include information provided to the child and alternative care provider at the time of placement, completion of pre-placement visits, parent/child and child/sibling visits, visits between the Children's Service Worker and child at the foster home, obtaining medical information for children, timeliness of case planning conferences, and attendance at case planning conferences. A random sample of approximately 141 records is reviewed for each semi-annual review.
- Adoption Review: Approximately 115 cases are reviewed for each semi-annual review to gather information to determine compliance with the adoption requirements. This review looks at the timeliness of the goal change and adoption planning process, timely review of adoption case plans, and timeliness of completing adoption recruitment activities to find an adoptive home.
- Licensing Review: The universe for this semi-annual review includes all newly licensed foster homes, as well as those needing re-licensure during the specified review period. The review monitors the timeliness of the licensure activity, including determining if the foster home meets state regulations for safety, all training requirements have been met, and that a Child Abuse/Neglect (CA/N) and criminal background check have been completed on the perspective foster parent(s) prior to initial or re-licensure.
- Maltreatment of children in foster homes-This review looks at all aspects of the investigations, why the child is in the care, was the child a victim of abuse/neglect or inappropriate discipline. This review monitors the compliance of timeliness of

- reporting the incident, timeliness of completing the report, if a staffing is held to determine any corrective action or revocation for the foster home, and the timeliness of the Program Administrator signing the completed investigation. The review also monitors the children who had been placed in homes on suspension for substantiated hotlines of abuse/neglect or inappropriate discipline.
- Monthly PDR for Medical/Dental, Planning and Service Provision: A random sample of 85 cases is selected during each semi-annual reporting. Using the PDR model, the reviewer completes a case record review as well as conducts inperson interviews with the service team members. The reviewer gathers information to determine the timeliness of dental examinations and required follow up services, timeliness of medical examinations and required follow up services, timeliness of case planning conferences and timeliness of the provision of identified services.

Semi-Annual Community PDR: This review is conducted in March and September of each year. A random sample of ten (10) to twelve (12) cases of children in the legal custody of the Children's Division is reviewed each period. The PDR method of service testing is used for this review. Information from this review is shared with Children's Division staff and community stakeholders, as well as with the Community Quality Assurance Committee (CQAC). The CQAC is comprised of professionals from child welfare and related disciplines in Jackson County. Professional members include a pediatric physician from a local children's hospital, an instructor of Social Work from an area university, a representative from Family Court, a Teaching Foster Parent, and representatives from area organizations such as Department of Mental Health, Domestic Violence Network, Cornerstones of Care Residential Care Agencies, and others. The members encompass a broad spectrum of professionals who create a multi-disciplinary perspective in carrying out the Committee functions.

The purpose of the CQAC is to ensure that program policy and practice improvements gained through the *G.L. v. Stangler* Modified Consent Decree are continued and expanded once Court jurisdiction is terminated. The members of the CQAC have been trained on the PDR process and are required to participate with the "story telling" time at the conclusion of each review. Participation in this part of the process provides a better understanding of the circumstances of the cases reviewed. The findings of the review are included in a written report which contains observations, comments and suggestions or recommendations for improvement for the Division and service community as a whole. The CQAC publishes this report semi-annually to local community stakeholders. The committee member's review the recommendations periodically to oversee completion and formulate action plans to overcome barriers when necessary.

PROGRAM IMPROVEMENT PLAN MONITORING AND REPORTING

The PIP will be monitored by a Management Analyst Specialist II (MAS II) whom serves within the Program and Performance Management Section. This person will be responsible for monitoring quarterly data related to the PIP and reporting this information out to the Quality Assurance Unit. The Quality Assurance Specialists will work with their regional Practice Enhancement Teams to provide technical assistance and training and direction to the circuits for the quality assurance component.

Additionally, the Quality Improvement and field support staff will be available to augment efforts put forth by field staff. Quality Assurance Specialists in each region will be responsible for providing feedback to the MAS II who will report to the deputy director of the Planning and Performance Management Section. The deputy director will report directly to the division director. Quarterly outcome data will be the cornerstone for the performance and feedback process. A list-serve is being developed for each circuit to go in and examine their data on an ongoing basis.

Per discussions with Regional and Children's Bureau staff, quarterly PIP reports will be provided for the first year. This will enable Missouri and the Regional Children's Bureau staff to track progress and identify areas of concern on a regular basis. It will also provide stakeholders the opportunity to follow progress on a regular basis. At the end of the first year of PIP reporting, subsequent discussions will take place to determine whether semi-annual reports will suffice.

ITEM NARRATIVES

Outcomes

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment

A key concern noted in the CFSR was inconsistency of reporting the initiation of investigations of child maltreatment reports or establishing face-to-face contact with the child subject of the report in accordance with the State-established timeframes.

Missouri's policy regarding Item 1 is based in law. RSMo. (Revised Statutes of Missouri) 210.109 establishes Missouri's child protection system and RSMo.210.145 establishes time frames for initial responses.

- (S1.1.1) The initial contact information is captured on a child abuse/neglect form known as the CA/N 1. During the research for the PIP, a discrepancy was revealed between the definition of the term "initiate" as written in statute and the procedure for documenting "initial contact" on the CA/N 1. As a result, policy language must be clarified, as well as, enhanced CA/N 1 form instructions regarding timeliness of response to reports of child maltreatment. Although statewide policy is based on statute, there continues to be a lack of clarity regarding definition and the actions required. In addition, the CA/N automated system requires staff to enter "initial contact date and time". This notation, per policy, is the date and time CD staff makes face-to-face contact with the subject child. This may not accurately reflect whether another member of a multidisciplinary team had initial contact with a child within the 24 hour time period. Other issues requiring clarification include: who may conduct face-to-face contact within the 24 hour timeframe and why it is considered a delayed contact by the worker when face-to-face contact was made by a multidisciplinary team member.
- (S1.1.2) Through this clarification process, the entry fields may remain the same with a change for initial contact definition or this may lead to systems entry field enhancements. Once these clarifications are completed, additional systems entry codes may need to be developed in order to more accurately capture data. To increase the accuracy of the data collected in the Legacy system regarding initial contact of the victim when investigating a child abuse and neglect report, the Peer Record Review process will be utilized. The Peer Record Review will be revised to reflect the changes and clarification of initial contact. Aggregate data from the Peer Record Review will be available on a quarterly basis which will provide Circuit Managers and QA specialist with evidence on which to base recommendations for practice improvements.
- (S1.1.3) During the CFSR, there were concerns regarding Missouri's protocol for responding to non-CA/N referrals or alpha referrals. The alpha referrals, primarily "M" (mandated reporter) referrals and "P" (preventive services) referrals are assigned based

on the information received by the Child Abuse and Neglect Hotline Unit (CA/N HU). Frequently, non-CA/N referrals address family needs such as housing, or medical assistance. In spring 2004, a combined effort began between the Family Support Division (FSD) and the Children's Division (CD) for the purpose of reducing the number of CA/N referrals allowing the Children's Division staff to concentrate their efforts on cases which are more serious in nature. A test site (Jackson, Clay and Platte counties) was chosen and a strategic plan was developed and presented to both Division Directors for consideration. In May 2004, protocols were written for screening and assigning non-CA/N referrals to FSD Self Sufficiency Case managers. The Self Sufficiency Case Managers were already trained on strengths based case management; domestic violence; behavioral inventory assessment to identify substance abuse and addictive behaviors, mental illness, and domestic violence; Family Support Programs and policies (eligibility); Family Support Team Meetings; and community resources and partner agency collaboration. The Directors felt these Self Sufficiency Case Managers possessed the necessary skills to respond to non-CA/N reports. The Self Sufficiency Case Managers also shadowed the Children's Division investigators and assessment workers to gain further experience. Additional training was provided to both Children's Division and Family Support Division staff regarding the testing site protocols for non CA/N referrals which officially began July, 2004. QA measures are in place to make sure assessments are being conducted appropriately and the safety of children is assured. The goal of this pilot program is to ensure children are safe while diverting non-CA/N related concerns directly to service providers.

- (S1.1.4) In order for staff to respond to reports of maltreatment in a timely manner, circuit level assessments to evaluate CA/N response were completed. In addition, management reports which provides worker level information were sent to each circuit to analyze timeliness of initial contact, timeliness of conclusion and pattern of conclusions. This report will also provide a basis for comparison at the circuit and state level. Based on their circuit assessment and management report, local protocols for improvement will be established and implemented. In addition it will provide information for circuits with timely completion rates. This improved timeliness of initial child contact will be monitored on an on-going basis. As needed, resources will be targeted to circuits with identified needs.
- (S1.1.5) The new call management and Structured Decision-Making (SDM) protocols implemented at the Child Abuse and Neglect Hotline Unit (CA/NHU) will provide consistent screening and classification of calls received. Through the improved screening effort, a more uniform process will be institutionalized for accepting calls made by mandated reporters and other miscellaneous calls, not rising to the level of abuse or neglect and not requiring a formal investigation. Using these protocols will assist in consistency of the initial classification of reports received. The protocols have been completed and remaining CANHU staff trained. A quality assurance peer record review tool will be developed for monitoring. Once the monitoring tools are in place, the hotline protocols will be automated. The Supervisory Review Tool for the CANHU will be a stand alone tool; however, data from the tool will be collected in the same data base as the universal Supervisory Case Review Tool (SCRT).

Item 2: Repeat Maltreatment

(S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process through the use of assessment tools that are objective, comprehensive and easy to use. The SDM tool is designed to assist child welfare staff with the most appropriate responses to Child Abuse and Neglect reports, both in making the decision to accept the initial report, as well as the level of response needed to address the allegation of abuse/neglect reported. Moreover, the tool assists child welfare professionals in assessing safety and risk to the children in the home.

One goal of SDM is to reduce subsequent harm to children. SDM tools assist workers in the identification of critical factors within the family that could affect future harm to the children in the home. The tools help workers make more consistent and reliable decisions on the need for services aimed at alleviating abuse and neglect situations in families that are at "high risk" for future harm to the child/ren. Coupled with information taken from past reports received on the family, the tool assists workers in establishing a pattern of behavior that will help determine the necessary services to reduce subsequent harm to children.

The SDM tool allows staff to make decisions that are consistent throughout the state and eliminates bias that might affect the worker's ability to objectively understand the problems and needs of the family. The tool helps identify "high risk" families for workers so that resources can be targeted to families with the greatest need, thus reducing the occurrence of future harm to children.

To ensure consistent and accurate completion of the SDM safety and risk assessment, BASIC training will be enhanced to include this SDM component and an in-service training for SDM will be developed. A workgroup will be convened to finalize the SDM review tool. Once finalized, instructions will be sent to the field on how to use the tool and instructing them to review ten percent of the cases. As needed, ongoing training will be provided to circuits identified with such needs

(S1.2.2 AND S1.2.3) To address the issue of child maltreatment in foster care, Missouri purchased the *Confirming Safe Environments* (CSE) curriculum developed by ACTION for Child Protection in 2003. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings. This curriculum was initially tested with 25 staff in four counties in the state: St. Louis City, Greene, Pettis, and Cooper County and included only alternative care and licensing staff. The curriculum training will be expanded to all investigative, out-of-home care, and licensing staff and supervisors in Pettis, Cooper, and Greene counties. In St. Louis, one complete out-of-home supervisory unit will be trained. By January 30, 2005, all investigative staff in St. Louis will be trained on the CSE work process. During this expansion period, ACTION will be utilized to assist the division in building capacity to train the curriculum in-house. ACTION will also be utilized to evaluate CSE implementation. Based on the evaluation, the CSE curriculum will be

modified to meet Missouri's specific needs and an expansion plan will be developed as indicated. Division policy regarding assessment of safety at and throughout the life of a placement will be developed based on the Confirming Safe Environments curriculum and evaluation of safety assessment best practices in other states.

- (S1.2.4) The Practice Evaluation Teams (PET) will be used to assist the Circuit Managers in developing strategies to reduce repeat maltreatment and CA/N in foster care. Once PET member roles and responsibilities are developed and defined, the teams will be formed and convened to review the Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care. Improvement strategies will be developed and implemented by the Circuit Managers (with the assistance of the PETs).
- (\$1.2.5) Repeat maltreatment will also be reduced through strengthening division policy and practice related to chronic neglect and the accumulation of harm that a child experiences in cases of chronic neglect. St. Louis has a chronic neglect initiative that will be analyzed for statewide applicability. A statewide analysis bas been done on families that have multiple reports of maltreatment. Subsequently, the division applied for a Title IV-E waiver for a chronic neglect pilot. Missouri recognizes there are a small number of families who have a large number of repeat maltreatment events that ultimately result in an accumulation of harm to the child leading to out-of-home placements and costly services to rectify the abuse or neglect conditions. The Institute of Applied Research (IAR) conducted a follow up evaluation of Missouri's dual track system and discovered that a relatively small segment of the families served (9.3 %) account for a large amount of expenditures (41.9%) due to the chronic pattern of ongoing abuse and neglect. A funding request will be made to the Children Justice Act if Missouri is unsuccessful in attempts to secure the Title IV-E Waiver. Three pilot sites have been selected including Jasper, Jefferson, and Randolph counties. Jefferson County was chosen as a representation of a metro site due to St. Louis being over saturated with pilot programs. Missouri has a strong interest in testing new approaches in early identification of chronic neglect, having the potential to provide valuable knowledge on improving services to children and families.
- (S1.2.6) Development of performance based contracts for foster parents will also assist in decreasing repeat maltreatment. HB 1453 established that foster parents will meet performance based criteria prior to licensing. A Professional Family Development Plan (PDFP) will be incorporated into the foster parents licensing rules. The performance based criteria required for the PFDP will be established and CD staff will be informed of the new requirements for foster parents. CD staff will be trained on how to assist the family in developing and implementing a PFDP. The resources necessary for foster families to successfully implement PFDP will be identified. Due to the requirements of HB 1453, the Professional Development and Training Unit is very busy developing and providing trainings, however, the new PFDP will be initiated for all new and reassessed foster parents and the PFDP will be reviewed at each reassessment for licensure.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in home and prevent removal The CFSR found the agency had not consistently assessed the needs of and made provision for services for the child, parents, and foster parents to meet identified issues. One problem included incomplete assessments for parents and children. It was noted that some Stakeholders reported the Children's Division was effective in assessing needs and identifying services, but service access was difficult. In some instances, funding of services for family members was a challenge.

Since the late 1990's, Missouri has been moving to a policy and practice which requires family and community involvement through the Family-Centered philosophy, and Family Support Team practice. As policy and practice has evolved over time, additional assessment tools have been added. As a result, assessment tools have become disjointed and may be lacking comprehensive views in case planning. Symptoms are addressed but underlying issues may not be identified. Goals tend to be general, are not behaviorally specific, and in some circuits in the state, may be driven more by the courts than the Family Support Team or based on identified assessed needs. Services to children and families tend to follow a cookie cutter approach and do not address the needs of the underlying issues of the family and the child. Examples of this are treatment plans and court orders requiring broad services like parenting classes instead of targeting specific outcomes such as new skill acquisition and how demonstration of that skill will prevent future harm.

- (S2.3.1) As the agency moves forward with new programs and assessments, care will need to be taken to assure assessments and case plans compliment one another. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1). Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.
- (S2.3.2) Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring those at the table have a voice in planning. Focus groups composed of workers, supervisors and circuit managers were conducted in four circuits across the state to identify clinical support needs. Information from focus groups, PRR, and consumer surveys has been analyzed and incorporated into a training curriculum for workers and front line supervisors. The Family Assessment and Service Planning training for workers and Supplemental Supervisory training will be utilized in the field to assist staff in engaging families and in case plan development. Twenty sessions of Supplemental Supervisory training will be available across the state to train all front line supervisors. Twenty sessions of Family Assessment and Service Planning training will be available to train

selected staff as trainers, who will in turn provide the training to other staff in their county or circuit. The curriculum will include topics such as service planning, basic writing skills and concurrent planning.

- (S2.3.3) Improvement in supervisory capacity to monitor case planning practice is critical to quality supervision. The division continues to review and refine the standardized supervisory case review tool that will be used by supervisors to ensure best practice and to assist them in their clinical consultations with supervisees. Existing supervisory case review tools were reviewed and evaluated to create a draft of the supervisory case review tool (SCRT). The division will continue to field test the SCRT and will provide feedback to a review team. Based on this feedback, the tool will be revised and protocols for use of the SCRT will be established. To ensure integrity of the data collected, the SCRT will be automated. Once the SCRT is distributed and used statewide, baseline measures for the tool will be established.
- (S2.3.4) In-home services are available to children and families through Children Treatment Services (CTS) funds. Over the last few years, there has been a reduction in the overall state budget, which has resulted in confusion regarding the amount of dollars available through CTS for services. As a result of overall budget cuts, staff have used CTS funds sparingly, or not at all, accessing Medicaid services when available. Some concerns are that families are not receiving needed services due to failure to access CTS funds or there are long waiting lists for Medicaid services (such as counseling and dental services). This directly impacts the amount of services provided to intact families. Procedures to access various service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.
- (S2.3.5) In Aug 2004, SB 1003 was enacted establishing a plan for a comprehensive children's mental health system. This "System of Care" initiative has increased the level of cooperation among the child welfare, mental health, education and court systems. One goal of this initiative is to divert children from state custody who need mental health services but are not at risk of abuse or neglect from caretakers. The agencies recognize that for some children no one agency may have the ability and/or resources to adequately meet the multiple service needs of those struggling with psychiatric, developmental and/or substance abuse problems.

The "System of Care" is an effort to coordinate the resources of multiple agencies to remove system barriers that might otherwise result in children not accessing all needed services. Through judicial review of Family Support Team meetings, the division will determine which cases involve children in the system due exclusively to a need for metal health services, and identify the cases where no instance of abuse, neglect or abandonment exists. Individualized service plans are developed to identify which agencies will supply the appropriate services to the child. These plans are submitted to the court for approval and the child's family may actively participate in the plan. Children in need of only mental health services may be returned to the family's custody. Services must be provided in the least restrictive environment.

The Voluntary Placement Agreement (VPA) is a written agreement between the Children's Division and a parent, legal guardian or custodian of a child under age 18 in need of out of home placement. This provision allows the state to provide foster care services without a judicial determination. This will allow a parent or legal guardian to enter into a written agreement for the placement of a child seventeen years or younger needing mental health services into foster care or residential group care.

Continued cooperation and collaboration between the Children's Division and community partners will increase the ability to provide optimal care to the children and families of Missouri.

Dr. Ivor Groves and Ray Foster from Human Systems and Outcomes Incorporated have collaborated to tailor their Quality Service Review evaluation process, to the Missouri System of Care for children who have been identified as needing mental health services. This tool mirrors Missouri's current PDR process in that family members and providers are interviewed to assess the overall status of the child as well as the system's functioning. A multi-disciplinary review team made up of persons involved with the System of Care is conducting the reviews. An initial review site has been determined and the review date has been established.

Item 4: Risk of Harm to Child

(S2.4.1 refer to S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process. The Children's Division is working to reduce the risk of harm to children by consistently implementing SDM statewide to assist staff in identifying high-risk families and providing the necessary services and level of resources based on their needs.

(S2.4.2 refer to S1.2.2) ASFA requires that at the time a child is placed, the safety of the placement is assured. Further, ASFA requires that the case plan include information on how the safety of the placement was considered and that a six month review be conducted of the safety of the placement. In an effort to comply with this ASFA requirement and ensure the safety of children in kinship and foster care placements, Missouri purchased the *Confirming Safe Environments (CSE)* curriculum, developed by ACTION for Child Protection. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings.

(S2.4.3) Policy for enhanced background screening took effect after House Bill 1453, the Dominic James Memorial Foster Care Reform Act of 2004 was signed into law. Existing staff was made aware of the legislative changes through a memorandum from the division director and regional and local supervisory meetings with staff. Information was disseminated to new resource families and staff through STARS and Basic (Preservice) training. Background screening requirements when licensing and re-licensing foster, kinship, relative and adoptive resources have been expanded to include court ordered providers. These enhancements will include registration with the Family Care

Safety Registry, fingerprints for criminal records searches by the Missouri State Highway Patrol and Federal Bureau of Investigation, searches of Case.net and circuit court records as well as contact with child protection agencies in previous states of residence.

(S2.4.4) The National Resource Center for Youth Services at the University of Oklahoma was contacted by the Residential Program Unit (RPU) to help develop the Culture of Care curriculum in working with licensed residential child care agencies to identify effective training, techniques and programs currently utilized to provide quality services to youth. RPU requested a particular emphasis to be placed on creating a safe, nurturing environment in residential facilities. Roundtable discussions were held with CEO's of the residential agencies to support the effort of training front line staff in the child care agencies. Two train-the-trainer sessions were held in Kansas City and St. Louis for residential licensed providers. The curriculum's premises include children and youth in residential care:

- 1. must receive services that do more than focus on problems or deficits;
- 2. and their families must be engaged and actively involved in all aspects of the services they receive;
- 3. must have opportunities to establish caring relationships in their lives;
- 4. must be served in programs that take into account environmental influences on growth and progress;
- 5. must be served in programs that collaborate and form partnerships with a number of resources.

These premises support a competency based approach and focuses on strengths of young people rather than the problems they exhibit. By supporting strengths, we can provide a safe and nurturing environment which translates to more effective care for young people and a reduction in the preponderance of evidence reports received by the residential child care agencies.

(S2.4.5 refer to S2.3.1) Risk of harm is reduced when quality assessments are done. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1). Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster Care Re-Entries

This item was found to be substantially achieved.

Item 6: Stability of Foster Care Placement

- (P1.6.1) Missouri's legacy system does not support the ability to track all kinship placement types, therefore, it does not accurately report the number of kinship placements for children in care. The Children's Division will resolve this issue by creating system logic that will enable the system to track the various kinship placement types and identify kin as related and non-related as well as licensed and non-licensed. Once the logic and system changes are completed, policy reflecting these changes will be updated and distributed to staff.
- (P1.6.2) Early identification of kinship providers is an important step in ensuring stability of foster care placements. Kin may be identified through an assessment tool given to the family as well as through continued searching by the worker throughout the life of the case. This topic should continually be discussed at Family Support Team meetings if there is no identified permanent placement resource. The Children's Division's will partner with the Family Support Division and the Office of the State Courts Administrator to establish a protocol to utilizing already established mechanisms to expand diligent search efforts. Agreements will also be established with other state agencies to access their databases in diligent search efforts. Once these resources are available to the Division, policy will be distributed to staff.
- (P.1.6.3) Family Support Team meetings provide an excellent medium to staff cases and address issues with a multidisciplinary team of individuals. In July 2004, HB 1453 was enacted. One component of this legislation requires the CD to conduct a Family Support Team meeting prior to or immediately after an impending move. This allows the family to benefit from services from community agencies in order to prevent removal. At the time of the Family Support Team meeting, concurrent planning takes place and efforts are made to identify relatives in case removal does ultimately become necessary. This meeting assists in identifying the needs of the child and the family, thus preventing further moves and increasing the stability of the child so that their number of placements will be minimal. The ACTS system is being enhanced to better track Family Support Team meetings. Further quality assurance monitoring of Family Support Teams will occur by updating the peer record review and supervisory case review tools.
- (P.1.6.4) Issues regarding resource families transect all aspects of permanency. Unless needs regarding resource families are addressed, improved performance in all aspects of permanency will be severely compromised. An area needing intensive focus is the overall increase in available foster, adoptive and kinship resource families. To make the best possible match when children first come into care, a wide variety of resource providers is needed. Otherwise, children experience increased moves, delays in achieving adoptive permanence, increased trauma and the youth's development is hampered rendering attempts at independent living and other planned permanent arrangements less successful.

Identifying the number and type of resource families in each circuit is the first step in increasing the number of resource families available. Contracts exist for this purpose, however, there is a renewed focus on their efficiency and performance-based use. The Children's Division accessed technical assistance and performance based contracts are being developed. The CD will implement and monitor these contracts for improvement. Better support of licensing and recruitment staff will enhance their functioning. A plan for developing incoming calls and inquiries regarding foster/adoptive care needs to be devised, maintained, evaluated and refined. This plan and our recruitment efforts will be coordinated with national recruitment efforts and Missouri will maximize the use of Federal programs in this area. Once the contracts are awarded, the resource and recruitment contractors will review the circuit self-assessments to determine resource family needs and develop a recruitment plan for each circuit.

(P.1.6.5) Older youth continue to be a priority in developing an effective recruitment plan. The number of older youth waiting for permanency continues to increase and is a national issue. A video, starring Missouri youth, has been developed and distributed across the state for use in recruitment of families for youth. These videos will be used in pre-service foster parent training classes.

In June, 2004, The Collaboration to AdoptUSKids launched a national media campaign, which will be three years in length. The focus of this campaign is recruitment of resource providers for older youth. The Recruitment Response Team for Missouri will maintain contact with prospective foster/adoptive families that respond to this campaign and assist these families in getting enrolled in Foster/Adoptive parent training. The current resource contract is currently under reconstruction, and will address the need for our contractors to focus on recruitment of resource families for older youth.

Resource Development contracts have been awarded for the last several years. These contracts are in the process of being re-written to include performance-based requirements that will allow our agency to utilize these resources more effectively. Contracts will be revised to recruit families that reflect racial and ethnic populations, homes for sibling groups, older children, and children with various emotional, behavioral, educational, and medical needs.

The Children's Division recruitment plan has two components: a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Through these activities the division desires to reach all potential families regardless of their cultural and socioeconomic status. Recruitment efforts are carried out in all areas of the state to meet the needs of all of Missouri's Children that are waiting to be adopted.

(P1.6.6) Successfully matching children with out-of-home providers upon their entry into care should decrease the number of moves a child makes while in care. There are believed to be some "critical factors" in matching which may impact placement stability. Such factors include the difference between the age of caregiver and the age of child, placement of children in non-same race homes, keeping large sibling groups together,

etc. To strengthen the matching process the Children's Division will access technical assistance from the National Resource Center for Family Centered Practice and Permanency Planning to identify the "critical" factors in placement success/failure. A survey will also be conducted with resource families to identify factors in placement success/failure. Once these factors are identified, a tool will be developed to assist in the team decision-making process, and policy will be developed and shared with staff.

(P1.6.7) Placement stability is also dependent upon quality training being provided to placement providers. The agency has training for kinship/relative resource providers called the Caregiver Who Knows the Child, which is an abbreviated version of the STARS curriculum used for licensing foster parents. Adequacy of this curriculum in educating and preparing the provider to care for the child in their home will be evaluated through a survey to all current kinship/relative providers. The supports provided to kinship/relative providers will also be evaluated through this survey to determine effectiveness. Once the evaluation is complete, the information will be analyzed and changes, as determined to be necessary, will be incorporated into the existing curriculum.

Item 7: Permanency goal for child

(P1.7.1) Per division policy, Family Support Team meetings are to occur within certain time frames. In addition to being required before or immediately after an impending move, they are to occur within 24 and 72 hours and 30 days of a child coming into division custody. Additionally, the Family Support Team is convened monthly until adjudication and every 6 months thereafter. At each meeting the child(ren)'s case goal is re-evaluated by a multi-disciplinary team to determine appropriateness. Good case planning and review of the permanency goal is dependent upon Family Support Team meetings occurring with the frequency indicated per policy as well as ensuring the permanency goal is reviewed with regularity in the meetings.

In order to improve the frequency per policy of Family Support Team meetings, Circuit Managers will analyze the Family Support Team meeting data during their circuit self-assessment. They will then initiate a corrective action plan as needed and be assisted by the PET members in monitoring for improvement.

(P1.7.2) The quality of Family Support Teams will be improved by ensuring the permanency goal is reviewed and established with the multi-disciplinary team. The permanency goal will be established and reviewed within 30 days and at least every six months thereafter during the permanency reviews. System fields and coding changes were made to the ACTS system so permanency reviews could be tracked separately from Family Support Team meetings. Policy on the elements required for a Family Support Team meeting to be considered permanency review is being developed and disseminated to all staff. These system and policy changes will be integrated into BASIC training.

Quality Family Support Team meetings are also dependent upon the skill of the facilitator. CD Children's Service Workers typically facilitate these meetings. When Family Support Team meetings become overly contentious, it is challenging for the worker to be an effective facilitator. Therefore, "expert" facilitators will be identified in each region. These "experts" will serve as objective facilitators for more contentious and difficult Family Support Team meetings. A protocol will be developed for accessing the "expert" facilitator and the facilitators will receive advanced Family Support Team facilitator training. Information on the "expert" facilitator duties and access protocol will be distributed to all staff.

(P1.7.3) The CFSR indicated a concern that "true" concurrent planning was not taking place consistently across the state. The case file may reflect a concurrent goal; however no concurrent efforts are being acted upon. True concurrent planning will help expedite the achievement of the case goal in that equal efforts are occurring simultaneously for two different goals. Currently, the Children's Division's Child Welfare Manual does not provide clear guidelines on how to facilitate "true" concurrent planning.

The Division owns the Concurrent Planning curriculum developed by Hunter College. Currently newly hired social service front line staff are trained on concurrent planning in the child welfare practice basic orientation. However, to strengthen skill practice in this area there will be advanced in-service module developed that will be provided to new staff in their first year of employment. This advanced in-service module will further address engagement skills, goal setting, change, effective resources, road blocks, courtroom skills, quality of contact with parents and working with parents regarding their denial for need for care. Although this in-service module is being developed as part of the new service workers required training, existing staff will also be allowed to attend as needed. The manual will be updated with a concurrent planning section where staff can obtain information as needed. Circuit Managers will monitor the concurrent planning outcomes through the PRR tool and the PET will assist in developing improvement plans.

Materials gathered from the National Resource Center for Family Centered Services will be utilized in the development of the curriculum. In addition to the existing training on concurrent planning as well as the in-service curriculum development, Children's Division has a training partnership with the Office of State Courts Administrator, which will include training on concurrent planning. A multi-regional conference is being planned for the spring of 2005 which will cover a variety of practice and procedural issues for juvenile court, Children's Division and Department of Mental Health staff.

(P1.7.4) Establishing a permanency goal for a child is key to determining the case plan. It is imperative staff understand family dynamics and case situations and how those impact the permanent plan for the child and family. ASFA provides some guidance on situations which immediately cause a case goal to be adoption. Collaboration with the courts to provide cross training to new judiciary, court staff, GAL's and Children's Division staff on ASFA and permanency hearings will assure consistency across the

state regarding state and federal regulations. The Children's Division will partner with the Office of the State Courts Administrator (OSCA) to develop a training curriculum.

Item 8: Reunification, Guardianship, or Permanent Placement with Relatives

(P1.8.1) CFSR results indicated an overall lack of services were provided to children in legal status 2 (temporary custody with adoptive parents), legal status 3 (supervision only by the Children's Division), and legal status 4 (care and custody with juvenile court or other agency). As these children are not in the division's legal custody, the Child Welfare Manual may not provide enough guidance to staff on what their duties and responsibilities are when managing these types of cases. In order to address this issue, the division is retrieving data from the Legacy system. Central Office has sent lists of children in LS-2, LS-3, and LS-4 to regional staff (LS-4's were those children who did not meet ICPC criteria). Regional staff will review their lists, which shows where each child is residing to see if the child is placed incorrectly by legal status. Once these lists are "cleaned up" and children are placed more accurately by their legal statuses, it is anticipated there will be few children left on these lists. A workgroup will be convened to examine this data to determine how many children specifically fall into these categories as well as their overall outcomes. The workgroup will include Office of State Courts Administrator (OSCA), the Division of Legal Services and CD staff from both rural and metro sites in the state. Additionally, special case reviews will be conducted on a random sample of these legal statuses. The Children's Division will meet with the Division of Legal Services to determine the legal obligations the division has in these types of situations. Once these steps are accomplished, policy and protocol on division staff roles and responsibilities will be revised and a decision regarding the definition of children in the AFCARS population will be made. Once policy is firmed up on these legal statuses, quality assistance can be monitored through the Peer Record Review process.

(P1.8.2 refer to S2.3.4) Shortening the length of time in which permanency is achieved is dependent upon services being provided to the family. Procedures to access various service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.

(P1.8.3 refer to P1.7.1) The Family Support Team meeting is the setting for developing a service plan to achieve the child's case goal. The FST meetings are intended to support the family in making changes to assure safety and permanency for the child. By increasing the frequency and timeliness per policy of Family Support Team meetings the Children's Division will improve stability, assist the family in reaching the case goal more quickly, and conduct better aftercare planning to reduce re-entries.

(P1.8.4 refer to P1.7.2) Quality as well as timely FST meetings will assist families in achieving their case goal sooner. Establishing the permanency goal early on and regularly reviewing the goal assures that all team members have a common understanding about what the family is trying to achieve.

(P1.8.5 and P1.8.6 refer to P1.7.5) Collaboration between court staff and the Children's Division to ensure consistency of ASFA and Permanency hearings will impact the ability to work towards reunification and permanency with relatives. Additionally, there will be a collaborative effort to provide cross training to the judiciary, court staff, GALs and CD staff on their various roles and responsibilities. A contract has already been developed to provide this training and meetings between OSCA and the CD will be held to discuss the roles and responsibilities of all parties.

(P1.8.7 and P1.8.8) To establish the goal of guardianship more expeditiously, Missouri law will need to be amended to allow Juvenile Courts the ability to enter temporary custody orders and transfer jurisdiction to Probate and Circuit Courts. To do this, the Children's Division will work in conjunction with the OSCA and DLS to draft a proposal to expedite guardianship. Each circuit will also work concurrently with their court to determine which strategy will expedite guardianship for children placed with relatives in CD custody. In addition, once logic has been created, coding changes in Legacy will track additional kinship placement types and show children are correctly placed by legal status, which will expedite permanency for children.

Item 9: Adoption

(P1.9.1) Filing procedures for Termination of Parental Rights (TPR) vary across the state. Filing issues and docket management will be best resolved when completed on a circuit-by-circuit basis. However, the first step is for the court and the Children's Division to have a common understanding on the criteria a case must meet in order to pursue TPR. The Children's Division will develop policy outlining supervisor and staff responsibilities in filing TPR, including documentation of compelling reasons for not filing TPR. Each circuit office will meet with their judiciary to establish a process for expeditious filing of TPR case.

(P1.9.2 refer to P1.6.5) An increase in the number of resource families is essential in the Division's ability to find adoptive resources for the children in need of permanency. By awarding performance based permanency and resource contracts, as well as increasing the number of staff as needed throughout the state, the Division's ability to increase the number of home studies for prospective families will increase. The contracts will provide performance expectations for contracted services, which will net the Division with better equipped adoptive families. A workload staffing analysis will be conducted to determine staffing needs for completion of home studies and finalizing adoptions. Additional resources will be committed as needed per available resources.

(P1.9.3 and P1.9.4) As stated in the final report, the most significant barrier to achieving adoptions was the agency's failure to file for TPR in a timely manner. In many cases, the Juvenile Office files a petition for TPR; however, it is also the prerogative of the agency to do so when in the child's best interest. Improved access to legal representation will allow the Children's Division staff to file terminations and adoptions timely. Current legal resources are scant due to budgetary cuts to the Division and to the court system as well as an increase in children needing

permanency. In July of 2004, the Division of Legal Services (DLS) identified a plan to fill vacant FTE's or contract for attorneys. The additional attorneys are being hired and placed in areas of need. Further, DLS and the law schools will identify and seek other funding sources for the expansion of the law school cooperative program. The Children's Division and DLS will establish a workgroup to develop a protocol for accessing DLS attorneys. Monitoring will occur by a CD and DLS joint committee for improvement.

Item 10: Permanency goal of other planned permanent living arrangement

(P1.10.1 refer to P1.6.5) Much of the success of youth, who have a case goal of another planned permanent living arrangement, is dependent upon their preparation for eventual independence and support system after independence occurs. The foster parents of these youth must be prepared to assist them in working on their independent living skills. To increase the number and quality of resource families for older youth, the division will implement the recruitment and retention plan developed through the Chafee program, the Adopt US Kids campaign, and development of the recruitment and resource development contracts. Additionally, the Ready, Set, Fly curriculum for foster parents with older youth and the Chafee recruitment video will be incorporated into foster parent training.

(P1.10.2) Each year many youth are served through the Independent Living Program (ILP) due to the dedication and commitment of the ILP staff. However, increasing awareness of the program to CD staff, juvenile court and other youth serving agencies must be an ongoing process. Increasing awareness of the Education and Training Vouchers program as well as other Chafee services is a priority for Missouri's ILP. Informational meetings, seminars and workshops has been available to staff and community providers beginning with the annual Chafee stakeholder meetings. ILP staff has been working to design an ETV poster for distribution to secondary and higher educational institutions. An information memorandum will be written and disseminated to staff about the importance of involving ILP staff in the case planning process for older youth.

(P1.10.3) CD recognizes the importance of serving youth younger than age 16 through the ILP. In FY 2004, ILP staff worked diligently to design a hands on curriculum for youth younger than age 16. Missouri's philosophy for its youth in care is one of empowerment, leadership and responsibility. Each year the State Youth Advisory Board designs and hosts an youth empowerment conference to promote foster youth reaching out through community services, encourage and strengthen positive youth and adult relationships, and educating youth and adults about available resources.

One consistent recommendation from the Chafee stakeholder meetings held throughout the state in 2004 was to designate an adolescent worker position. Such a position would increase program accessibility and aware to youth, CD staff, juvenile court and other youth serving agencies. A workgroup will be convened to identify workers and design a training plan. In addition a CD memo will be written and disseminated to all

CD staff to involve ILP staff in the case planning process for older youth and to increase youth referrals to the Chafee program.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placements.

This item was found to be substantially achieved.

Item 12: Placement with siblings.

This item focuses on a child's placement while they and their sibling(s) are in a foster care setting. Most of the stakeholders interviewed for the CFSR indicate that the agency attempts to place siblings together. The Children's Division has policy, which supports placement of siblings in the same alternative care setting.

(P2.12.1) In order to increase the number of siblings placed together, the agency developed a policy requiring a Family Support Team (FST) meeting be held prior to separating siblings and strengthened policy addressing the continual need for maintaining sibling relationships. Through the FST process, potential placement resources that would accept sibling groups may be discovered. Anticipated impact on the children will be fewer siblings separated and preserving connections and relationships between the siblings. These policy requirements were incorporated into the Peer Record Review and the Supervisory Case Review Tools and will be monitored by Circuit Managers.

If a placement resource for the sibling group cannot be secured, and the siblings are separated, an administrative review process needs to occur. The agency will develop an administrative level review to occur within 30 days of the siblings' separation. Circuit Managers, regional staff and, as necessary, Central Office staff will review such cases in which the sibling group has been separated for 30 days. The purpose of the review will be to evaluate whether all viable options have been exhausted and determine if a subsequent FST meeting needs to occur to track case progress, including each child's current state of well-being, placement appropriateness, and placement options. Recommendations and feedback from the administrative review will be provided to the worker and his/her supervisor.

(P2.12.2 refer to P1.7.5) To augment this policy enhancement, the agency will also develop an ongoing training module regarding sibling placements for staff, foster parents, juvenile officers, GALs and judges. In order to accomplish this, the agency will develop a curriculum that emphasizes the importance of placing siblings together whenever possible by presenting information on sibling bonds, sibling rivalries, and the long-term effects of separation, etc. This training curriculum will be incorporated into foster parent training and the advanced Family-Centered Out-of-Home in-service training module for staff.

(P2.12.3 refer to P1.6.5) Increasing the number of resource families whom will accept sibling groups is critical to increasing the number of siblings placed together. The performance development resource contracts will be utilized for this purpose.

Item 13: Visiting with Parents and siblings in foster care

(P2.13.1) The agency has policy that addresses frequency of visitation. Visitation between parents and siblings of children in foster care is arranged on an individual basis and is intended to occur in either a neutral setting or in the out-of-home care placement. The agency recognizes the need to enhance policy to improve the quality and frequency of visitation between the child and their parents and siblings, through the use of community partners (such as relative, foster parent, school or other Family Support Team member) when possible. This enhanced visitation policy will emphasize that visitation should have intention and be held in the least intrusive and most natural setting. The enhanced visitation policy will be incorporated into BASIC and on-going training and incorporated into the Peer Record Review and Supervisory Case Review tools. Circuit Managers will monitor this data and PET teams will assist them in developing improvement plans.

Item 14: Preserving Connections

(P2.14.1) During the onsite review stakeholders stated that the Children's Division is not consistent in its efforts to promote and maintain children's connections with community and extended family. The Annie E. Casey Foundation, in consultation with community leaders and child welfare practitioners nationwide, has developed a reform initiative called Family to Family, which will address this issue. The system envisioned by Family to Family is designed to:

- Be targeted to bring children in congregate or institutional care back to their neighborhoods;
- Involve foster families as team members in family reunification efforts;
- Become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes;
- Provide permanent families for children in a timely manner.

This initiative is being piloted in St. Louis City. CD will evaluate the effectiveness of the program and feasibility for implementing the program statewide. Based on results of Family to Family evaluation and review of other state's best practices the division will determine statewide applicability. A statewide plan to address preserving connections will then be developed.

- (P2.14.2 refer to P1.6.2) Improving diligent search for relative and missing parents will also assist the division in preserving connections for children in care.
- (P2.14.3) The agency recognizes that children of American Indian descent need to maintain familial connection to encourage continued growth and learning of cultural

traditions, activities and lifestyles. The agency has revised Missouri's Indian Child Welfare Act (ICWA) policy to reflect best practice standards. Questions about Native American heritage will be incorporated into the intake tool (CPS-1) and family assessment tool (CD-14) to ensure the possibility of Native American heritage is explored early in the division's involvement with a child and family. This will be monitored by adding an ICWA question to the Peer Record Review and the Supervisory Case Review tools.

Item 15: Relative Placement

The agency views placement with relatives as a priority and makes concerted efforts to seek relatives as placement resources.

(P2.15.1refer to P1.6.1) Alternative Care tracking system enhancements will be made to accurately track the use of kinship and relative placements.

(P2.15.2refer to P2.15.2) Conducting a "diligent search" is necessary to find missing parents early in the case to ascertain parents' intentions regarding the child(ren). It is also used to search for relatives to find the best possible placement for the child, which will lead to a quick and permanent solution for the child's care.

(P2.15.3 refer to P1.6.2) The training provided for relative/kinship resource families needs evaluation. Relative and kinship caregivers will be surveyed on the adequacy of the Caregiver Who Knows the Child training curriculum. Data from the survey will be collected and analyzed and necessary adjustments will be made to the curriculum.

Item 16: Relationship of Children in Care with Parents

A key concern found in the CFSR was a lack of consistent effort to maintain children's relationships with the non-custodial parent; specifically noted were fathers.

(P2.16.1) Conducting a "diligent search" is necessary to find missing parents early in the case to ascertain parents' intentions regarding the child(ren).

(P2.16.2 refer to S2.3.2) Once parents are located, engagement of the parents throughout the case planning and decision making process is crucial to maintaining parent and child relationships. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will strengthen parent/child relationships.

Item 17: Needs and services of child, parents, foster parents

(WB1.17.1 refer to S2.3.1) Missouri policy requires an initial assessment of the family be completed within 30 days of receipt of a Hotline referral. A more in-depth family assessment (CD-14) is completed on the family if the case is open longer than 30 days. This assessment includes utilizing tools such as the genogram, eco-map, and timeline.

While these tools are helpful in engaging the family, the CD-14 will be revised to better link service provision to the needs of the family.

(WB1.17.2 refer to S2.3.2) Family engagement in the assessment process is crucial to identification of needs and improved case planning.

(WB1.17.3 refer to S1.2.2) Assessing need and the provision of services for alternative care providers will be accomplished through the implementation of the "Confirming Safe Environments" work process.

Well Being Outcome 1: Families have enhanced capacity to provide for children's needs.

Item 18: Child and family involvement in case planning

(WB1.18.1) Involving parents (including pre-adoptive parents or permanent caregivers) and children in identifying the services and goals included in the case plan were found to be an area needing improvement in Missouri. Stakeholders noted that parents were invited to attend FST meetings; however, parents may perceive their issues or concerns are not heard or incorporated into the planning process. A protocol will be establish to access CD staff outside of regular business hours.

(WB1.18.2 refer to P1.7.3) Improving the quality of the Family Support Team meetings will assist in increased family participation in the case planning process.

(WB1.18.3) One way to assure the needs of children and families are met is to inform individuals of their rights and responsibilities during the time their child is in an alternative care placement. A handbook, outlining information such as court proceedings, case planning meetings, legal representation, financial responsibilities, etc., will be developed and shared with parents to guide and assist them during this time. Existing documents will be reviewed to develop one handbook used consistently throughout the state. This will be field tested by consumers and their input will be solicited. Based on this input, revisions to the handbook will be made. Policy regarding the handbook will be submitted to the Policy Review Team for comment by field staff. After final revisions are made, the handbook and accompanying policy will be distributed to all staff.

Item 19: Caseworker visits with child

The CFSR found the level of face-to-face contact between children's service workers and the children in their caseloads was not consistently sufficient to ensure children's safety and well being and promote case goals. This was especially evident for in-home services cases. In other cases, visits failed to focus on issues pertinent to case planning, service delivery and goal attainment.

WB1.19.1 & 19.2) In order to increase policy compliance for the frequency of worker visits with children in both intact and out-of-home families, policy regarding responsibility for visits and the documentation is needed when visits did not occur in a timely way will be clarified. Currently policy requires workers to meet with the child and foster/kinship family within the first week and thereafter a minimum of every two weeks to monitor placement. New protocols that assure worker visits incorporate case planning, service delivery and goal attainment will be developed. These protocols will be determined by the visitation policy and practice workgroup and submitted to the Policy Review Team and executive management staff for feedback prior to approval by the executive team and implementation. Visit protocols will be incorporated into BASIC training for new staff. Furthermore, supervisor and staff field practice will be improved and supported through utilization of the regional Practice Evaluation Teams (PETs). Protocols will include the Confirming Safe Environments concepts discussed in Item 2 narrative.

(WB1.19.3) A statewide tracking measure, which will serve as the basis for a management report, is needed as a means of measuring and improving caseworker visits. Using current information systems, it is difficult to monitor past or current compliance. A visitation policy and practice team will be convened to develop policy on visitation re: how often; what should take place during visits and possibly used as accountability of tracking where children are. To track visits electronically, enhancements to the existing ACTS and FCS system will be made. Children's Division staff will meet with MIS SACWIS management to develop logic and a reporting format for tracking visits. SACWIS will be available to track visitation in the Case Management System.

Item 20: Worker Visits with Parents

(WB1.20.1and WB1.20.2) The CFSR found that worker visits with parents was an area needing improvement. The CFSR results indicated that, overall, the frequency and quality of worker visits with both mothers and fathers were not sufficient to monitor the safety and well being of the child or promote attainment of case goal. The Family Risk Assessment/Reassessment is a reliable tool used to assess risk to children. The risk level is used to guide the minimum amount of contact with the family each month for cases opened for ongoing services. CD minimum guidelines for very high risk families require workers to have two face-to-face/month contacts with the family and three outside collateral contacts/month. High risk level cases require one face-to-face and three collateral contacts/month. Moderate risk requires one face-to-face and two collateral/month and low risk requires one face-to-face and one collateral contacts/month. The PRR will be revised to more accurately reflect the collateral contacts which are required.

The action steps necessary to enhance worker/parent visitation are the similar to those outlined in the first three benchmarks in Item 19 which include: developing clear protocols for quality visits with parents that focus on case planning, service delivery and goal attainment, clarifying policy on frequency of visits with parents and making changes to the ACTS and FCS systems to track visits with parents. The division will

also strengthen relationships between the worker and resource provider by integrating the quality visit protocol into foster parent training and evaluating the Caregiver Who Knows the Child training.

Well Being Outcome 2: Children receive services to meet their educational needs.

Item 21: Children receive appropriate services to meet their educational needs.

(WB2.21.1) This indicator focuses on addressing and meeting the educational needs of children in foster care and in-home services cases. Key concerns addressed in the CFSR report had to do with truancy and educational neglect in the in-home services cases reviewed. Of note was the adverse effect of placement changes on school attendance and performance. Strengthening and promoting positive relationships between schools and the division is critical to improving the educational well-being of children in both intact families and out-of-home care.

The first step in improving these relationships is to have educational personnel/liaisons involved in the team decision-making process. Therefore, protocols establishing when educational personnel should be invited to Family Support Team meetings will be developed.

The Children's Division and many school districts are partnered to provide the School Based Social Worker (SBSW) Program. The rationale for this program is the prevention and early identification of children at possible risk of child abuse and neglect or other barriers that would limit full potential for success in the school setting. Missouri school districts interesting in the SBSW program can submit a proposal for a Cooperative Service Program. The division pays 35 percent and the school pays 65 percent of the salary for the SBSW. The function of the SBSW broadens the expanse of services available to the child and family, differing in focus and job duties than the traditional guidance school counselor. The goal is for all parties involved to collaborate, enhance and complement the type of services provided to ensure the best interests of the child.

Even when educators are included in FST's, there will still be instances when division staff needs additional assistance in advocating for the educational needs of children. For this reason, educational liaisons will be regionally assigned to assist staff in brokering educational services. This staff person will have the knowledge and expertise to help guide children through the educational system, especially as it relates to special educational needs issues and the Safe Schools Act.

The circuit self-assessment completed within each circuit will identify local barriers to providing appropriate educational services to children. Based on this assessment, a plan for addressing the local barriers with schools will be completed and implemented in each circuit. In addition, Children's Division central office administration will partner with the administration of the Department of Elementary and Secondary Education (DESE) to address identified barriers at the state level.

(WB2.21.2) To improve the flow of educational records and reports between schools, a protocol will be developed for children in care to allow for custodial permission to access the educational and medical records necessary for enrollment. The regional educational liaison will also be used to work with schools and staff in getting records for enrollment when difficulties arise. In addition, accountability measures for transferring educational records will be incorporated into the residential facility contracts to ensure these facilities are transferring records in a timely manner.

(WB2.21.3 and WB2.21.4) Incidence of educational neglect, truancy and suspensions of children in both intact families and out-of-home negatively affect educational well-being. The National Resource Center on Organizational Improvement Child Protective Services and other national education resources will be accessed to assist in identifying risk factors for educational neglect, truancy and suspensions. Early identification of these risk factors will be incorporated into the CS-1 (Child Assessment and Case Plan) and the CD-14 (Family Assessment). A protocol for accessing early interventions for students found to be at risk and for children expelled due to implementation of the Safe Schools Act will be developed. The draft protocol will be distributed and implemented statewide.

Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Item 22: Physical health of the child

Stakeholders indicated the Children's Division is consistent in ensuring the physical needs of the child in foster care are met. However, in some parts of the state, it is difficult to find a dentist that will accept Medicaid. This causes a lack of sufficient dental services for some children in foster care.

(WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will be provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

Jackson County began partnering with a mobile dental group Reachout Healthcare America to schedule appointments for children to receive dental care at mobile sites in November 2003. Bridgeport, the dental subcontractor for MC+ plans to formalize agreements with Reachout to provide services for any Jackson County child with MC+ or Medicaid. A dentist, x-ray technician and a dental hygienist are available each visit to provide routine dental work including cleaning, oral hygiene, fluoride treatments, sealants, and fillings. More complicated and orthodontic services are not provided at

the mobile site. The Jackson County dental coordinator has been communicating with Reachout to inquire about what other cities the mobile dental group visits and the possibility of expanding this service to other children eligible for MC+ or Medicaid in other parts of the state.

(WB3.22.2) Another concern identified was the lack of medical services for intact families. The Children's Division will increase the ability of staff to assess medical needs of families. To identify needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of medical needs for each person in the family. The revised form and form instructions will be issued to all staff. Circuit Managers will be assisted by quality assurance specialist to monitor the Supervisory Case Review outcomes. Regional Practice Evaluation Teams (PETs) will be utilized to support practice protocols related to medical needs assessment.

Item 23: Mental health needs of the child

Stakeholders indicated there are insufficient mental health services to meet the needs of children in foster care and in-home services cases in many areas of the state. Stakeholders also noted the agency has difficulty obtaining psychological services and substance abuse treatment services for children through state mental health agencies. Specific concerns included a lack of qualified therapists who understand child abuse and neglect, services for dually diagnosed children and services for children with a diagnosis of mental retardation and developmental disabilities.

(WB3.23.1) The Children's Division will increase the ability of staff, foster parents and families to access available mental health resources. Mental health resources will be identified in each circuit through the circuit self-assessment and a mental health coordinator will be designated in each region to assist staff in accessing available resources for families. These coordinators will convene teams to identify local barriers and develop plans to alleviate barriers and create partnerships to improve service delivery in the mental health arena. In an effort to encourage mental health providers to accept Medicaid, the division will work with the Division of Medical Services to reduce the administrative burden on Medicaid providers. Additionally, the development of the comprehensive state children's mental health plan discussed in Item 3 will coordinate the resources of multiple agencies and remove system barriers that might otherwise result in children not accessing all needed services.

(WB.3.23.2) Staff and foster parents must be cognizant of the mental health trauma a child may experience due to removal from the home and subsequent changes in placement. To increase awareness about these attachment and mental health issues, attachment issues training will be incorporated into the ongoing training curriculum. Implementation of HB 1453 will assist in reducing the number of moves a child in care experiences, thus reducing attachment-related trauma. Provisions within HB 1453 include mandatory Family Support Team meetings prior to any move or with 72 hours of an emergency move. Additional trainings entitled "Working with the Explosive Child",

"Grief and Loss", and "Reactive Attachment Disorder" will be offered semi-annually to staff.

(WB3.23.3) Early identification of mental health needs is vital to ensuring the well-being of children and families. To assist staff in identifying these needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of specific mental health needs of children and family members. The revised form and form instructions will be issued to all staff. Mental health needs assessment practice will then be supported through the use of Practice Evaluation Teams (PET) in each region.

Systemic Factors

Statewide Information System

Item 24: System can identify the status, demographic characteristics, and location and goals of children in foster care.

This item was found to be substantially achieved.

Case Review System

Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

This item was found to be an area needing improvement due to case plans not being developed jointly with the child's parent on a consistent basis. Though policy and practice support a strength-based process that empowers families, there is a need to embed that approach within the organization and ensure the family does not feel they have little input into a plan that is dictated by the court and/or agency. There was a concern regarding "cookie-cutter" plans that don't address the underlying needs or build on the unique strengths and resources of a particular family. Clearly articulated values and principles, which are consistently reinforced in the field and shared by key stakeholders, are essential in order to change practice.

(25.1 refer to S2.3.1) Revising the assessment and case planning tools to be more user-friendly will assist with engaging families in the case planning process. The CD-14 will be revised to ensure a more a global assessment of family needs and strengths.

(25.2 refer to S2.3.2) Family participation in Family Support Team meetings is directly related to the engagement of the family by the worker and the amount of preparation (or lack thereof) of the family ahead of time.

(25.3 refer to S2.3.3) To ensure accountability for good social work practice, supervisors must have the capacity to monitor practice. The division will improve supervisor capacity to monitor case planning practices.

(25.4 refer to P1.6.2 and S2.3.2) Improving diligent search mechanisms will assist in maximizing familial participation in the case planning process. Strengthening worker and supervisor skills in engaging families in the case planning process will ensure plans are developed jointly with families.

(25.5) Improving the overall Family Support Team facilitation skills of staff will ensure that the family has input into the case planning process. Fundamental FST skill application has been a part of BASIC training. In February 2005, Professional Training and Development will roll out an enhanced/improved version of this skill application. A supplemental one day FST training will be offered to existing staff focusing on skills necessary to conduct effective FST meetings beginning in February 2005. Twenty-five sessions will be available through October 2005. In addition, the Advanced FST skill application will become available in February 2005. Twenty-five sessions will also be available throughout the state in 2005 with a concentrated focus on leading and modeling FST facilitation skills. The use of solution focused techniques will be demonstrated and practiced. The advanced FST facilitation training will be integrated into the advanced Family-Centered Out-of-Home Services in-service module in May 2006 and Advanced Family-Centered Services in-service module in September 2006.

Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

The CFSR determined that FST meetings are not always held in a timely manner. Additionally, FSTs convened for the six month administrative review do not meet the Federal requirement of involving a third party participant.

- (26.1) The current policy will be revised to clarify FST requirements/procedures. Once developed, the revised policy will be sent to the policy review team and management for comment. Revision will be made based upon review comments and distributed to all staff.
- (26.2) Circuit Managers will recruit a pool of qualified volunteers to participate as third party reviewers for the six month administrative reviews. These reviewers will be assigned to case reviews by the Circuit Managers.
- (26.3) In order to increase the ability to track the six month administrative review, the child assessment and case planning form (CS-1) will be revised to specifically denote the six month review. The revised form will be distributed to all staff. Additionally, Alternative Care Tracking System (ACTS) system logic will be developed and a field will be added to the SS-61 (ACTS form). Staff will only be able to enter a 6 month administrative review into the system and get credit for it if the 3rd party reviewer criteria has been met for that review.

Item 27: Provides a process that ensures each child in foster care under the supervision of the State has a permanency hearing in a qualified court or

administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

The CFSR determined the State does not consistently ensure that each child in foster care has a permanency hearing no later than 12 months from the date the child enters care and no less frequently than every 12 month thereafter. And, there is no statewide system in place for tracking the timeliness of permanency hearings. In addition, many of the 12-month hearings involve only "paper" reviews and full hearings are not being held unless one of the parties specifically requests it.

The Social Security Act, Title IV-E, SEC. 475 (5). [42 U.S.C. 675], mandates that states develop a case review system to assure "...each child in foster care under the supervision of the State has a permanency hearing, in a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court, no later than 12 months after the date the child is considered to have entered foster care (as determined under subparagraph (F) and not less frequently than every 12 months thereafter during the continuation of foster care which hearing shall determine the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, placed for adoption and the State will file a petition for termination of parental rights, or referred for legal guardianship, or (in cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement..."

Section 210.720 of the Missouri Revised Statutes is consistent with the Act, stating that:

1. In the case of a child that has been placed in the custody of the division of family services... every six months after the placement, the foster family, group home, agency or child care institution with which the child is placed shall file with the court a written report on the status of the child. The court shall review the report and shall hold a permanency hearing within twelve months of initial placement and at least annually thereafter. The permanency hearing shall be for the purpose of determining in accordance with the best interests of the child a permanent plan for the placement of the child, including whether or not the child should be continued in foster care or whether the child should be returned to a parent, guardian or relative, or whether or not proceedings should be instituted by either the juvenile officer or the division to terminate parental rights and legally free such child for adoption."

Reasons for noncompliance with above laws, specifically delays in such hearings, were analyzed and determined to fall into three major categories:

- Lack of legal representation for all parties to include Children's Division staff, children, parents and juvenile officers;
- Inconsistency in permanency hearing practices; and
- Inconsistent or lack of tracking and notification of permanency hearings.

It was observed that legal representation played a crucial role in facilitating the timeliness of permanency hearings. It was noted that in many cases when parties were not represented on the appointed court date, hearings were reset for a later date on an already overloaded docket, thus delaying permanency. This issue is not limited to the legal representation of parents under contested situations, but also applied to children. Court appointed Guardian Ad Litems in various parts of the state are few and are not easily replaced on short notice.

Competing opportunities for greater financial compensation and lack of training on Adoption and Safe Families Act (ASFA) guidelines may play a role in low prioritization of child welfare cases. In addition, many court appointed attorneys lack experience in the Juvenile/Family Court setting and are unfamiliar with associated laws. Although Children's Division staff is required to submit status reports and recommendations to the court in the best interest of children, they are seldom legally represented. Such legal representation would come from the Division of Legal Services (DLS). However, access to DLS attorneys is limited due to budgetary constraints.

- (27.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys. Additionally, the division will work with the law schools to expand the cooperative program.
- (27.2) Regardless of whether legal representation is provided to Children's Division staff, there is a need for training CD staff on witness skills and on the legal process in general. The purpose of this is not to provide professional expertise in the law, but rather to provide CD staff with the ability to conduct themselves in court in a competent manner to represent the best interest of the children they serve. The training will be developed collaboratively with CS, OSCA, NRC and DLS. The training will be incorporated into BASIC and ongoing for existing training.
- (27.3) In some cases, review hearings are held at intervals that far exceed the expectations of the law. However, many of these reviews do not qualify as 'permanency hearings' by definition as they fail to address the required elements. Although frequent hearings may provide for added accountability of parties, the permanency of children is unaffected if a permanency plan and ASFA timeframes are not addressed. A concern is that there may be a lack of clarity within some courts as to the difference between a review hearing and a permanency hearing. Other situations have been noted where ASFA timeframes and permanency guidelines may indeed have been addressed, but not explicitly documented in the court order. As such, permanency hearings are neither documented nor conducted consistently across the state.

Currently, there is no statewide court system to track permanency hearings and ensure they are held in a timely manner. The Children's Division operates a statewide data system that tracks hearings and child placements. However, the information does not interact with the court docket, and therefore does nothing to alert the juvenile office to schedule permanency hearings when they are due. Some court circuits have a system

of tracking hearings, but no statewide system exists. Notification of hearings is not consistent. This results in continuances and ultimately, delayed permanency. There is a lack of consistency as to who sends and who receives notice. Consequently, some parties are notified by the court, others notified by the Children's Division worker, while others are not notified at all. Likewise, the timing of such notification is also inconsistent.

A tracking system is currently being developed by the Office of State Courts Administrator (OSCA), but is not projected to be completed statewide in the near future. While court scheduling is not within the purview of the Division, the Division can take steps to promote hearing timeliness. As stated previously, the Division will provide staff training to improve testifying skills. The Children's Division will also collaborate at the state level with OSCA to ensure joint accountability for timely court hearings and identify those circuits in which court issues need to be addressed. Timeliness of hearings will be monitored through the development of an interagency work group which will address system-wide Juvenile Justice issues regarding consistency, communication and coordination across judicial circuits. Additionally, local protocols between the court and local offices will be developed to ensure timely hearings. The Family Support Team policy will be revised to assure the twelve month permanency hearing date is discussed and documented during the team meeting. The revised policy will be incorporated into BASIC training.

(27.4 refer to P1.7.5) Attorneys appointed by the court are in need of some formalized training in laws applying to permanency, including ASFA timeframes. Included in such training would be an explanation of their roles and responsibilities as appointed representatives of children and parents. The CD will coordinate with the OSCA and DLS to provide cross training to court staff, Guardian ad Litems and division staff on ASFA and permanency hearings consistent with state and federal regulations.

Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

As stated in the Final Report, there were several barriers to ASFA compliance with regards to the TPR process in the State of Missouri. There was some overlap between these issues and the barriers for timely permanency hearings. For instance, lack of agency representation was addressed and listed as an action step for Systemic Factor 27 as delays in permanency reviews may ultimately result in delays of Termination of Parental Rights. Legal representation of parents is many times lacking prior to a TPR hearing because the court ordered appointments are time limited. Since appointments expire, hearings are often delayed so that another appointment can be made.

(28.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys. Additionally, the division will work with the law schools to expand the cooperative program.

(28.2 refer to S2.3.2) Engagement of the family and child is critical to their involvement in the case planning process and service delivery. Staff must be aware of the reasonable efforts required by AFSA prior to filing TPR. If concurrent planning is to begin from the time a child enters care, frontline workers must not only be aware of ASFA timeframes and standards, but also intentionally working toward TPR while also working toward reunification. Training must deal with not only the reality that ASFA is relevant at the 72 hour FST, but also in how to conform to the law. Worker and supervisor skill in engaging the family will be strengthened by gathering focus group information and developing a training curriculum or guide.

(28.3 refer to P1.9.1) Termination of parental rights needs to be filed in a timely manner unless compelling reasons are documented in the record. Local procedures for TPR filings will be developed and division policy will address supervisor and staff responsibilities in documentation of compelling reasons for not filing TPR.

(28.4 refer to P1.6.2) Lack of service and reasonable efforts often delay TPR proceedings. A frequent cause is that the whereabouts or identity of the parent is unknown. In the spirit of exploring every possible placement option for the child, absent parents should be amongst the first considered. Although policy addresses the diligent search for absent parents, protocol will be developed to widen and document such efforts.

(28.5) Ideology and concern about the welfare of children can both present barriers to timely adoption/TPR. Typically, parties from the frontline worker to the judge/commissioner work to avoid creating 'legal orphans.' Although the concern is a valid one, it need not be the case. 211.447 RSMo. addresses the filing of a petition for TPR in cases of infant abandonment and when no reasonable efforts are required. However, there is currently no timeframe in the statute. Modification of the statute to comply with ASFA is appropriate and would expedite permanency. To do this, the Children's Division will work in conjunction with the Office of the State Court Administrator (OSCA) to draft a proposal and obtain a legislative sponsor for the bill.

Item 29: Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

(29.1) Notification to caregivers of children in alternative care is mentioned in three places in the Missouri Statutes. Although it is clear that the court is responsible to notify caregivers in both 211.464 RSMo. & 211.566 RSMo. (Foster Parent Bill of Rights), in Section 211.171 RSMo., no one is listed as the party responsible for such notification. HB 1453 indicates it is the courts responsibility to notify parties of hearings. Five sessions of Comprehensive Child Welfare Training co-sponsored by OSCA during March, April and May 2005 for CD, court staff and judges will include notification of this responsibility. Although notification is a court process, each circuit has in a place a mechanism based on local protocol to ensure their circuit court has available addresses to notify parties of upcoming court hearings. Questions regarding notification of court

hearings will be incorporated into consumer surveys for foster parents, youth and biological parents for monitoring purposes.

Quality Assurance System

Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

This item was found to be substantially achieved.

Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdiction where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

This item was found to be substantially achieved.

Training

Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for al staff who deliver these services.

This item was found to be substantially achieved.

Item 33: The state provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

(33.1, 33.2, 33.3, 33.4, and 33.5) A goal of the Children's Division is to institute a comprehensive, competency-based training program for front line staff and supervisors that contains both pre-service and ongoing in-service training. The training is being revised to strengthen the clinical focus and create linkages with the field through clinical supervision and mentoring that will support the transfer of learning via specified On the Job Training (OJT) activities. Research indicates that classroom training alone does not fully ensure the fidelity of good field practice. Practice excellence requires a training structure that blends learning approaches, including: competency-based, skill-building classroom training; long-distance, web-based learning that supports and supplements the classroom; and, On the Job Training that is consistently provided, processed, and evaluated by clinical field mentors and supervisors during daily interactions with staff.

The Professional Development and Training Unit has carefully examined current training, as well as results from agency quality assurance measures such as peer

record reviews, practice development reviews, the Survey of Organizational Excellence, the CQI process, the COA standards, and audit reports. Other information such as feedback from field staff through focus groups and regionally conducted trainings as well as information gathered from other state training programs has also been considered. As a result, the Professional Development and Training Unit is creating a new training structure that will provide required pre-service and in-service training for frontline staff and supervisors during their first two years of employment.

The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new frontline staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and closure with the family. Family systems, values, joining and engaging, cultural diversity and child development are also some of the topics addressed within the training.

The new advanced <u>in-service</u> training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training. This will be enhanced through specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional <u>elective</u> in-service training during or beyond their first two years. This will be done through the use of classroom and On the Job Training evaluation and individualized professional development plans that will be created by supervisors and their staff to mutually assess skill acquisition and demonstration.

(33.6) The creation of a Training Advisory Committee comprised of clinical mentors, trainers, field staff and possibly representatives from a school of social work will provide a network that will identify areas for practice improvement, assess training needs and assist in assessing individual staff competence as well as circuit competence.

There will be two key priorities upon which Professional Development and Staff Training will focus as the agency moves toward attaining practice excellence. One will be the creation and implementation of new supervisory training, which will have both an administrative and clinical focus. The second area will be the development and implementation of required advanced in-service training for front line staff. (33.7) Additionally, the Child Abuse and Neglect Training Institute has been developed to increase training opportunities for staff. The institute is the result of a cooperative effort between the division and numerous community partners. In early 2004, the CA/N Training Institute Planning Partnership committee met to finalize topics and session content for three CA/N Training Institute sessions. The sessions are video conferenced to locations all over the state to allow for maximum participation. Each training has selected speakers that address a wide variety of topics relevant to Child Abuse and Neglect.

(33.8) Additional circuit specific training will be provided based on needs identified in the Circuit Self-Assessments. To access this training the circuits will notify the Professional Development and Training Unit of their targeted training need. The Professional Development and Training Unit will them design a training targeted to the specific need of that circuit.

Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

This item was found to be substantially achieved.

Service Array

Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

CFSR results indicated service array deficit in various areas of the state. Specifically noted was a lack of dental services; alcohol and drug abuse (ADA) services; foster homes for older youths, siblings groups, disabled and medically fragile children; parenting classes for teens; parent aides; interpretation services for non-English speaking consumers; and transportation services. Service array deficits were particularly noted in the rural areas of the state.

As service array varies from community to community, development of a statewide strategy to address service array deficits becomes problematic without a thorough understanding of the particular needs in each circuit. For this reason, an analysis of service array was incorporated into the circuit self-assessment.

(35.1 refer to WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

- (35.2) The ADA section of the Department of Mental Health has indicated there are sufficient ADA services to meet the needs of families. However, division staff does not know how to appropriately connect families with these resources. To increase the ability of staff to access ADA services, the division has partnered with the ADA section of the Department of Mental Health to develop a joint in-service training called Family, Drugs and Safety. This training was initially field tested in the southwestern region of the state and is schedule to be tested further in Jefferson County. Curriculum will be revised to reflect recommendations during the field test, including who the target audience is and how many staff to be trained. The Professional Development and Training Unit will provide three additional trainings across the state.
- (35.3 refer to P1.6.5) In order to increase the availability of foster homes for older youth, siblings, and disabled or medically fragile children, the same strategies will be employed as found in the discussion in narrative Item 6. Strategies to be employed include implementing a recruitment and retention plan for foster home serving older youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.
- (35.4) In order to increase the availability of and access to parenting classes, the division will, based on the circuit self-assessment, identify circuits most in need of parenting classes and parent aide services. Performance based contracts for family/parent aide and parenting class services will be developed to serve those circuits with an identified need.
- (35.5) To increase the availability of non-English speaking services, the division will, based on circuit self-assessment, identify circuits most in need of non-English speaking services. A recruitment plan for multi/bilingual staff will also be developed. Additionally, state forms will be made available in Spanish to accommodate Missouri's increasing Hispanic population.
- (35.6) In order to increase the availability of transportation services, the division will, based on circuit self-assessment, identify circuits which do not have transportation services available. Service organizations will be recruited regionally to provide transportation services. Additionally, transportation children's treatment services (CTS) contracts will be issued statewide.
- Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

 See narrative for Item 35.
- Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.

CFSR findings indicated services are not available to meet the individualized needs of children and families. CTS flexible funding was not always available, service plans

were found to be cookie cutter and services provided often did not correspond with the reason a child entered care.

(37.1) To provide individualized services the Children's Division will expand existing services and increase funding for concrete services. See narrative for Item 35.

(37.2 refer to S2.3.2) Individualized services are dependent upon the quality of the initial assessment and subsequent case planning. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will assure services are individualized to meet child and family needs. To accomplish this, the same action steps discussed in the narrative for Item 3 will be employed and include: conducting focus groups to identify clinical support needs, establishing baseline information, developing worker discussion guides, and enhancing case planning part of BASIC curriculum for new staff.

Agency Responsiveness to the Community

Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the judicial court, and other public and private child- and family-serving agencies and include the major concerns of these representatives in the goals and objectives of the CFSP.

This item was found to be substantially achieved.

Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.

This item was found to be substantially achieved.

Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

This item was found to be substantially achieved.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 41: The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.

This item was found to be substantially achieved.

Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

This item was found to be substantially achieved.

Item 43: The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

This item was found to be substantially achieved.

Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

(44.1 refer to P1.6.5) Strategies used to ensure the diligent recruitment of foster and adoptive families are the same the action steps discussed in the narrative in Item 6 and include; implementing a recruitment and retention plan for foster home serving older youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.

Item 45: The State has in place a process for the effective use of crossjurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

This item was found to be substantially achieved.

ITEM NARRATIVES

Outcomes

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment

A key concern noted in the CFSR was inconsistency of reporting the initiation of investigations of child maltreatment reports or establishing face-to-face contact with the child subject of the report in accordance with the State-established timeframes.

Missouri's policy regarding Item 1 is based in law. RSMo. (Revised Statutes of Missouri) 210.109 establishes Missouri's child protection system and RSMo.210.145 establishes time frames for initial responses.

- (S1.1.1) The initial contact information is captured on a child abuse/neglect form known as the CA/N 1. During the research for the PIP, a discrepancy was revealed between the definition of the term "initiate" as written in statute and the procedure for documenting "initial contact" on the CA/N 1. As a result, policy language must be clarified, as well as, enhanced CA/N 1 form instructions regarding timeliness of response to reports of child maltreatment. Although statewide policy is based on statute, there continues to be a lack of clarity regarding definition and the actions required. In addition, the CA/N automated system requires staff to enter "initial contact date and time". This notation, per policy, is the date and time CD staff makes face-to-face contact with the subject child. This may not accurately reflect whether another member of a multidisciplinary team had initial contact with a child within the 24 hour time period. Other issues requiring clarification include: who may conduct face-to-face contact within the 24 hour timeframe and why it is considered a delayed contact by the worker when face-to-face contact was made by a multidisciplinary team member.
- (S1.1.2) Through this clarification process, the entry fields may remain the same with a change for initial contact definition or this may lead to systems entry field enhancements. Once these clarifications are completed, additional systems entry codes may need to be developed in order to more accurately capture data. To increase the accuracy of the data collected in the Legacy system regarding initial contact of the victim when investigating a child abuse and neglect report, the Peer Record Review process will be utilized. The Peer Record Review will be revised to reflect the changes and clarification of initial contact. Aggregate data from the Peer Record Review will be available on a quarterly basis which will provide Circuit Managers and QA specialist with evidence on which to base recommendations for practice improvements.
- (S1.1.3) During the CFSR, there were concerns regarding Missouri's protocol for responding to non-CA/N referrals or alpha referrals. The alpha referrals, primarily "M" (mandated reporter) referrals and "P" (preventive services) referrals are assigned based

on the information received by the Child Abuse and Neglect Hotline Unit (CA/N HU). Frequently, non-CA/N referrals address family needs such as housing, or medical assistance. In spring 2004, a combined effort began between the Family Support Division (FSD) and the Children's Division (CD) for the purpose of reducing the number of CA/N referrals allowing the Children's Division staff to concentrate their efforts on cases which are more serious in nature. A test site (Jackson, Clay and Platte counties) was chosen and a strategic plan was developed and presented to both Division Directors for consideration. In May 2004, protocols were written for screening and assigning non-CA/N referrals to FSD Self Sufficiency Case managers. The Self Sufficiency Case Managers were already trained on strengths based case management; domestic violence; behavioral inventory assessment to identify substance abuse and addictive behaviors, mental illness, and domestic violence; Family Support Programs and policies (eligibility); Family Support Team Meetings; and community resources and partner agency collaboration. The Directors felt these Self Sufficiency Case Managers possessed the necessary skills to respond to non-CA/N reports. The Self Sufficiency Case Managers also shadowed the Children's Division investigators and assessment workers to gain further experience. Additional training was provided to both Children's Division and Family Support Division staff regarding the testing site protocols for non CA/N referrals which officially began July, 2004. QA measures are in place to make sure assessments are being conducted appropriately and the safety of children is assured. The goal of this pilot program is to ensure children are safe while diverting non-CA/N related concerns directly to service providers.

- (S1.1.4) In order for staff to respond to reports of maltreatment in a timely manner, circuit level assessments to evaluate CA/N response were completed. In addition, management reports which provides worker level information were sent to each circuit to analyze timeliness of initial contact, timeliness of conclusion and pattern of conclusions. This report will also provide a basis for comparison at the circuit and state level. Based on their circuit assessment and management report, local protocols for improvement will be established and implemented. In addition it will provide information for circuits with timely completion rates. This improved timeliness of initial child contact will be monitored on an on-going basis. As needed, resources will be targeted to circuits with identified needs.
- (S1.1.5) The new call management and Structured Decision-Making (SDM) protocols implemented at the Child Abuse and Neglect Hotline Unit (CA/NHU) will provide consistent screening and classification of calls received. Through the improved screening effort, a more uniform process will be institutionalized for accepting calls made by mandated reporters and other miscellaneous calls, not rising to the level of abuse or neglect and not requiring a formal investigation. Using these protocols will assist in consistency of the initial classification of reports received. The protocols have been completed and remaining CANHU staff trained. A quality assurance peer record review tool will be developed for monitoring. Once the monitoring tools are in place, the hotline protocols will be automated. The Supervisory Review Tool for the CANHU will be a stand alone tool; however, data from the tool will be collected in the same data base as the universal Supervisory Case Review Tool (SCRT).

(S1.1.6) The disvision is in process of revising policy relating to non-CA/N referrals. Missouri has, by policy, accepted calls to the hotline that do not rise to the statutory definition of child abuse and neglect. These calls are referenced as non-CA/N referrals and include mandated reporter (M) referrals, preventive services (P) referrals, and non-caretaker (N) referrals. Upon accepting such calls of concern, these non-CA/N referrals are dispatched to the local offices for some type of follow-up by field staff. Of the nearly 110,000 calls to the hotline each year, nearly 30,000 are classified as non-CA/N referrals.

The policy revision now under planning is a concerted effort to better address the core functions and statutory mandates of the division with its existing available resources. These calls would no longer be dispatched to the local offices for follow-up. Rather, the call would be screened at the hotline to determine if it meets the criteria for a CA/N report, and if not, the caller will be redirected to more appropriate local resources which may better address the caller's concerns. This policy revision is intended to be in effect by July 1, 2006, the beginning of the upcoming state fiscal year.

Item 2: Repeat Maltreatment

(S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process through the use of assessment tools that are objective, comprehensive and easy to use. The SDM tool is designed to assist child welfare staff with the most appropriate responses to Child Abuse and Neglect reports, both in making the decision to accept the initial report, as well as the level of response needed to address the allegation of abuse/neglect reported. Moreover, the tool assists child welfare professionals in assessing safety and risk to the children in the home.

One goal of SDM is to reduce subsequent harm to children. SDM tools assist workers in the identification of critical factors within the family that could affect future harm to the children in the home. The tools help workers make more consistent and reliable decisions on the need for services aimed at alleviating abuse and neglect situations in families that are at "high risk" for future harm to the child/ren. Coupled with information taken from past reports received on the family, the tool assists workers in establishing a pattern of behavior that will help determine the necessary services to reduce subsequent harm to children.

The SDM tool allows staff to make decisions that are consistent throughout the state and eliminates bias that might affect the worker's ability to objectively understand the problems and needs of the family. The tool helps identify "high risk" families for workers so that resources can be targeted to families with the greatest need, thus reducing the occurrence of future harm to children.

To ensure consistent and accurate completion of the SDM safety and risk assessment, BASIC training will be enhanced to include this SDM component and an in-service training for SDM will be developed. A workgroup will be convened to finalize the SDM

review tool. Once finalized, instructions will be sent to the field on how to use the tool and instructing them to review ten percent of the cases. As needed, ongoing training will be provided to circuits identified with such needs

- (S1.2.2 AND S1.2.3) To address the issue of child maltreatment in foster care, Missouri purchased the Confirming Safe Environments (CSE) curriculum developed by ACTION for Child Protection in 2003. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings. This curriculum was initially tested with 25 staff in four counties in the state: St. Louis City, Greene, Pettis, and Cooper County and included only alternative care and licensing staff. The curriculum training will be expanded to all investigative, out-of-home care, and licensing staff and supervisors in Pettis, Cooper, and Greene counties. In St. Louis, one complete out-of-home supervisory unit will be trained. By January 30, 2005, all investigative staff in St. Louis will be trained on the CSE work process. During this expansion period, ACTION will be utilized to assist the division in building capacity to train the curriculum in-house. ACTION will also be utilized to evaluate CSE implementation. Based on the evaluation, the CSE curriculum will be modified to meet Missouri's specific needs and an expansion plan will be developed as indicated. Division policy regarding assessment of safety at and throughout the life of a placement will be developed based on the Confirming Safe Environments curriculum and evaluation of safety assessment best practices in other states.
- (S1.2.4) The Practice Evaluation Teams (PET) will be used to assist the Circuit Managers in developing strategies to reduce repeat maltreatment and CA/N in foster care. Once PET member roles and responsibilities are developed and defined, the teams will be formed and convened to review the Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care. Improvement strategies will be developed and implemented by the Circuit Managers (with the assistance of the PETs).
- (\$1.2.5) Repeat maltreatment will also be reduced through strengthening division policy and practice related to chronic neglect and the accumulation of harm that a child experiences in cases of chronic neglect. St. Louis has a chronic neglect initiative that will be analyzed for statewide applicability. A statewide analysis bas been done on families that have multiple reports of maltreatment. Subsequently, the division applied for a Title IV-E waiver for a chronic neglect pilot. Missouri recognizes there are a small number of families who have a large number of repeat maltreatment events that ultimately result in an accumulation of harm to the child leading to out-of-home placements and costly services to rectify the abuse or neglect conditions. The Institute of Applied Research (IAR) conducted a follow up evaluation of Missouri's dual track system and discovered that a relatively small segment of the families served (9.3 %) account for a large amount of expenditures (41.9%) due to the chronic pattern of ongoing abuse and neglect. A funding request will be made to the Children Justice Act if Missouri is unsuccessful in attempts to secure the Title IV-E Waiver. Three pilot sites have been selected including Jasper, Jefferson, and Randolph counties. Jefferson County was chosen as a representation of a metro site due to St. Louis being over saturated with pilot programs. Missouri has a strong interest in testing new approaches

in early identification of chronic neglect, having the potential to provide valuable knowledge on improving services to children and families.

(S1.2.6) Development of performance based contracts for foster parents will also assist in decreasing repeat maltreatment. HB 1453 established that foster parents will meet performance based criteria prior to licensing. A Professional Family Development Plan (PDFP) will be incorporated into the foster parents licensing rules. The performance based criteria required for the PFDP will be established and CD staff will be informed of the new requirements for foster parents. CD staff will be trained on how to assist the family in developing and implementing a PFDP. The resources necessary for foster families to successfully implement PFDP will be identified. Due to the requirements of HB 1453, the Professional Development and Training Unit is very busy developing and providing trainings, however, the new PFDP will be initiated for all new and reassessed foster parents and the PFDP will be reviewed at each reassessment for licensure.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in home and prevent removal
The CFSR found the agency had not consistently assessed the needs of and made
provision for services for the child, parents, and foster parents to meet identified issues.
One problem included incomplete assessments for parents and children. It was noted
that some Stakeholders reported the Children's Division was effective in assessing
needs and identifying services, but service access was difficult. In some instances,
funding of services for family members was a challenge.

Since the late 1990's, Missouri has been moving to a policy and practice which requires family and community involvement through the Family-Centered philosophy, and Family Support Team practice. As policy and practice has evolved over time, additional assessment tools have been added. As a result, assessment tools have become disjointed and may be lacking comprehensive views in case planning. Symptoms are addressed but underlying issues may not be identified. Goals tend to be general, are not behaviorally specific, and in some circuits in the state, may be driven more by the courts than the Family Support Team or based on identified assessed needs. Services to children and families tend to follow a cookie cutter approach and do not address the needs of the underlying issues of the family and the child. Examples of this are treatment plans and court orders requiring broad services like parenting classes instead of targeting specific outcomes such as new skill acquisition and how demonstration of that skill will prevent future harm.

(S2.3.1) As the agency moves forward with new programs and assessments, care will need to be taken to assure assessments and case plans compliment one another. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1).

Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.

- (S2.3.2) Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring those at the table have a voice in planning. Focus groups composed of workers, supervisors and circuit managers were conducted in four circuits across the state to identify clinical support needs. Information from focus groups, PRR, and consumer surveys has been analyzed and incorporated into a training curriculum for workers and front line supervisors. The Family Assessment and Service Planning training for workers and Supplemental Supervisory training will be utilized in the field to assist staff in engaging families and in case plan development. Twenty sessions of Supplemental Supervisory training will be available across the state to train all front line supervisors. Twenty sessions of Family Assessment and Service Planning training will be available to train selected staff as trainers, who will in turn provide the training to other staff in their county or circuit. The curriculum will include topics such as service planning, basic writing skills and concurrent planning.
- (S2.3.3) Improvement in supervisory capacity to monitor case planning practice is critical to quality supervision. The division continues to review and refine the standardized supervisory case review tool that will be used by supervisors to ensure best practice and to assist them in their clinical consultations with supervisees. Existing supervisory case review tools were reviewed and evaluated to create a draft of the supervisory case review tool (SCRT). The division will continue to field test the SCRT and will provide feedback to a review team. Based on this feedback, the tool will be revised and protocols for use of the SCRT will be established. To ensure integrity of the data collected, the SCRT will be automated. Once the SCRT is distributed and used statewide, baseline measures for the tool will be established.
- (S2.3.4) In-home services are available to children and families through Children Treatment Services (CTS) funds. Over the last few years, there has been a reduction in the overall state budget, which has resulted in confusion regarding the amount of dollars available through CTS for services. As a result of overall budget cuts, staff have used CTS funds sparingly, or not at all, accessing Medicaid services when available. Some concerns are that families are not receiving needed services due to failure to access CTS funds or there are long waiting lists for Medicaid services (such as counseling and dental services). This directly impacts the amount of services provided to intact families. Procedures to access various service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.
- (S2.3.5) In Aug 2004, SB 1003 was enacted establishing a plan for a comprehensive children's mental health system. This "System of Care" initiative has increased the level of cooperation among the child welfare, mental health, education and court systems. One goal of this initiative is to divert children from state custody who need mental health

services but are not at risk of abuse or neglect from caretakers. The agencies recognize that for some children no one agency may have the ability and/or resources to adequately meet the multiple service needs of those struggling with psychiatric, developmental and/or substance abuse problems.

The "System of Care" is an effort to coordinate the resources of multiple agencies to remove system barriers that might otherwise result in children not accessing all needed services. Through judicial review of Family Support Team meetings, the division will determine which cases involve children in the system due exclusively to a need for metal health services, and identify the cases where no instance of abuse, neglect or abandonment exists. Individualized service plans are developed to identify which agencies will supply the appropriate services to the child. These plans are submitted to the court for approval and the child's family may actively participate in the plan. Children in need of only mental health services may be returned to the family's custody. Services must be provided in the least restrictive environment.

The Voluntary Placement Agreement (VPA) is a written agreement between the Children's Division and a parent, legal guardian or custodian of a child under age 18 in need of out of home placement. This provision allows the state to provide foster care services without a judicial determination. This will allow a parent or legal guardian to enter into a written agreement for the placement of a child seventeen years or younger needing mental health services into foster care or residential group care.

Continued cooperation and collaboration between the Children's Division and community partners will increase the ability to provide optimal care to the children and families of Missouri.

Dr. Ivor Groves and Ray Foster from Human Systems and Outcomes Incorporated have collaborated to tailor their Quality Service Review evaluation process, to the Missouri System of Care for children who have been identified as needing mental health services. This tool mirrors Missouri's current PDR process in that family members and providers are interviewed to assess the overall status of the child as well as the system's functioning. A multi-disciplinary review team made up of persons involved with the System of Care is conducting the reviews. An initial review site has been determined and the review date has been established.

Item 4: Risk of Harm to Child

(S2.4.1 refer to S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process. The Children's Division is working to reduce the risk of harm to children by consistently implementing SDM statewide to assist staff in identifying high-risk families and providing the necessary services and level of resources based on their needs.

(S2.4.2 refer to S1.2.2) ASFA requires that at the time a child is placed, the safety of the placement is assured. Further, ASFA requires that the case plan include information on

how the safety of the placement was considered and that a six month review be conducted of the safety of the placement. In an effort to comply with this ASFA requirement and ensure the safety of children in kinship and foster care placements, Missouri purchased the *Confirming Safe Environments (CSE)* curriculum, developed by ACTION for Child Protection. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings.

(S2.4.3) Policy for enhanced background screening took effect after House Bill 1453, the Dominic James Memorial Foster Care Reform Act of 2004 was signed into law. Existing staff was made aware of the legislative changes through a memorandum from the division director and regional and local supervisory meetings with staff. Information was disseminated to new resource families and staff through STARS and Basic (Preservice) training. Background screening requirements when licensing and re-licensing foster, kinship, relative and adoptive resources have been expanded to include court ordered providers. These enhancements will include registration with the Family Care Safety Registry, fingerprints for criminal records searches by the Missouri State Highway Patrol and Federal Bureau of Investigation, searches of Case.net and circuit court records as well as contact with child protection agencies in previous states of residence.

(S2.4.4) The National Resource Center for Youth Services at the University of Oklahoma was contacted by the Residential Program Unit (RPU) to help develop the Culture of Care curriculum in working with licensed residential child care agencies to identify effective training, techniques and programs currently utilized to provide quality services to youth. RPU requested a particular emphasis to be placed on creating a safe, nurturing environment in residential facilities. Roundtable discussions were held with CEO's of the residential agencies to support the effort of training front line staff in the child care agencies. Two train-the-trainer sessions were held in Kansas City and St. Louis for residential licensed providers. The curriculum's premises include children and youth in residential care:

- 1. must receive services that do more than focus on problems or deficits;
- and their families must be engaged and actively involved in all aspects of the services they receive;
- 3. must have opportunities to establish caring relationships in their lives;
- 4. must be served in programs that take into account environmental influences on growth and progress;
- 5. must be served in programs that collaborate and form partnerships with a number of resources.

These premises support a competency based approach and focuses on strengths of young people rather than the problems they exhibit. By supporting strengths, we can provide a safe and nurturing environment which translates to more effective care for young people and a reduction in the preponderance of evidence reports received by the residential child care agencies.

(S2.4.5 refer to S2.3.1) Risk of harm is reduced when quality assessments are done. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1). Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster Care Re-Entries

This item was found to be substantially achieved.

Item 6: Stability of Foster Care Placement

- (P1.6.1) Missouri's legacy system does not support the ability to track all kinship placement types, therefore, it does not accurately report the number of kinship placements for children in care. The Children's Division will resolve this issue by creating system logic that will enable the system to track the various kinship placement types and identify kin as related and non-related as well as licensed and non-licensed. Once the logic and system changes are completed, policy reflecting these changes will be updated and distributed to staff.
- (P1.6.2) Early identification of kinship providers is an important step in ensuring stability of foster care placements. Kin may be identified through an assessment tool given to the family as well as through continued searching by the worker throughout the life of the case. This topic should continually be discussed at Family Support Team meetings if there is no identified permanent placement resource. The Children's Division's will partner with the Family Support Division and the Office of the State Courts Administrator to establish a protocol to utilizing already established mechanisms to expand diligent search efforts. Agreements will also be established with other state agencies to access their databases in diligent search efforts. Once these resources are available to the Division, policy will be distributed to staff.
- (P.1.6.3) Family Support Team meetings provide an excellent medium to staff cases and address issues with a multidisciplinary team of individuals. In July 2004, HB 1453 was enacted. One component of this legislation requires the CD to conduct a Family Support Team meeting prior to or immediately after an impending move. This allows the family to benefit from services from community agencies in order to prevent removal. At the time of the Family Support Team meeting, concurrent planning takes place and efforts are made to identify relatives in case removal does ultimately become necessary. This meeting assists in identifying the needs of the child and the family, thus preventing further moves and increasing the stability of the child so that their number of placements will be minimal. The ACTS system is being enhanced to better

track Family Support Team meetings. Further quality assurance monitoring of Family Support Teams will occur by updating the peer record review and supervisory case review tools.

(P.1.6.4) Issues regarding resource families transect all aspects of permanency. Unless needs regarding resource families are addressed, improved performance in all aspects of permanency will be severely compromised. An area needing intensive focus is the overall increase in available foster, adoptive and kinship resource families. To make the best possible match when children first come into care, a wide variety of resource providers is needed. Otherwise, children experience increased moves, delays in achieving adoptive permanence, increased trauma and the youth's development is hampered rendering attempts at independent living and other planned permanent arrangements less successful.

Identifying the number and type of resource families in each circuit is the first step in increasing the number of resource families available. Contracts exist for this purpose, however, there is a renewed focus on their efficiency and performance-based use. The Children's Division accessed technical assistance and performance based contracts are being developed. The CD will implement and monitor these contracts for improvement. Better support of licensing and recruitment staff will enhance their functioning. A plan for developing incoming calls and inquiries regarding foster/adoptive care needs to be devised, maintained, evaluated and refined. This plan and our recruitment efforts will be coordinated with national recruitment efforts and Missouri will maximize the use of Federal programs in this area. Once the contracts are awarded, the resource and recruitment contractors will review the circuit self-assessments to determine resource family needs and develop a recruitment plan for each circuit.

(P.1.6.5) Older youth continue to be a priority in developing an effective recruitment plan. The number of older youth waiting for permanency continues to increase and is a national issue. A video, starring Missouri youth, has been developed and distributed across the state for use in recruitment of families for youth. These videos will be used in pre-service foster parent training classes.

In June, 2004, The Collaboration to AdoptUSKids launched a national media campaign, which will be three years in length. The focus of this campaign is recruitment of resource providers for older youth. The Recruitment Response Team for Missouri will maintain contact with prospective foster/adoptive families that respond to this campaign and assist these families in getting enrolled in Foster/Adoptive parent training. The current resource contract is currently under reconstruction, and will address the need for our contractors to focus on recruitment of resource families for older youth.

Resource Development contracts have been awarded for the last several years. These contracts are in the process of being re-written to include performance-based requirements that will allow our agency to utilize these resources more effectively. Contracts will be revised to recruit families that reflect racial and ethnic populations,

homes for sibling groups, older children, and children with various emotional, behavioral, educational, and medical needs.

The Children's Division recruitment plan has two components: a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Through these activities the division desires to reach all potential families regardless of their cultural and socioeconomic status. Recruitment efforts are carried out in all areas of the state to meet the needs of all of Missouri's Children that are waiting to be adopted.

(P1.6.6) Successfully matching children with out-of-home providers upon their entry into care should decrease the number of moves a child makes while in care. There are believed to be some "critical factors" in matching which may impact placement stability. Such factors include the difference between the age of caregiver and the age of child, placement of children in non-same race homes, keeping large sibling groups together, etc. To strengthen the matching process the Children's Division will access technical assistance from the National Resource Center for Family Centered Practice and Permanency Planning to identify the "critical" factors in placement success/failure. A survey will also be conducted with resource families to identify factors in placement success/failure. Once these factors are identified, a tool will be developed to assist in the team decision-making process, and policy will be developed and shared with staff.

(P1.6.7) Placement stability is also dependent upon quality training being provided to placement providers. The agency has training for kinship/relative resource providers called the Caregiver Who Knows the Child, which is an abbreviated version of the STARS curriculum used for licensing foster parents. Adequacy of this curriculum in educating and preparing the provider to care for the child in their home will be evaluated through a survey to all current kinship/relative providers. The supports provided to kinship/relative providers will also be evaluated through this survey to determine effectiveness. Once the evaluation is complete, the information will be analyzed and changes, as determined to be necessary, will be incorporated into the existing curriculum.

Item 7: Permanency goal for child

(P1.7.1) Per division policy, Family Support Team meetings are to occur within certain time frames. In addition to being required before or immediately after an impending move, they are to occur within 24 and 72 hours and 30 days of a child coming into division custody. Additionally, the Family Support Team is convened monthly until adjudication and every 6 months thereafter. At each meeting the child(ren)'s case goal is re-evaluated by a multi-disciplinary team to determine appropriateness. Good case planning and review of the permanency goal is dependent upon Family Support Team meetings occurring with the frequency indicated per policy as well as ensuring the permanency goal is reviewed with regularity in the meetings.

In order to improve the frequency per policy of Family Support Team meetings, Circuit Managers will analyze the Family Support Team meeting data during their circuit self-assessment. They will then initiate a corrective action plan as needed and be assisted by the PET members in monitoring for improvement.

(P1.7.2) The quality of Family Support Teams will be improved by ensuring the permanency goal is reviewed and established with the multi-disciplinary team. The permanency goal will be established and reviewed within 30 days and at least every six months thereafter during the permanency reviews. System fields and coding changes were made to the ACTS system so permanency reviews could be tracked separately from Family Support Team meetings. Policy on the elements required for a Family Support Team meeting to be considered permanency review is being developed and disseminated to all staff. These system and policy changes will be integrated into BASIC training.

Quality Family Support Team meetings are also dependent upon the skill of the facilitator. CD Children's Service Workers typically facilitate these meetings. When Family Support Team meetings become overly contentious, it is challenging for the worker to be an effective facilitator. Therefore, "expert" facilitators will be identified in each region. These "experts" will serve as objective facilitators for more contentious and difficult Family Support Team meetings. A protocol will be developed for accessing the "expert" facilitator and the facilitators will receive advanced Family Support Team facilitator training. Information on the "expert" facilitator duties and access protocol will be distributed to all staff.

(P1.7.3) The CFSR indicated a concern that "true" concurrent planning was not taking place consistently across the state. The case file may reflect a concurrent goal; however no concurrent efforts are being acted upon. True concurrent planning will help expedite the achievement of the case goal in that equal efforts are occurring simultaneously for two different goals. Currently, the Children's Division's Child Welfare Manual does not provide clear guidelines on how to facilitate "true" concurrent planning.

The Division owns the Concurrent Planning curriculum developed by Hunter College. Currently newly hired social service front line staff are trained on concurrent planning in the child welfare practice basic orientation. However, to strengthen skill practice in this area there will be advanced in-service module developed that will be provided to new staff in their first year of employment. This advanced in-service module will further address engagement skills, goal setting, change, effective resources, road blocks, courtroom skills, quality of contact with parents and working with parents regarding their denial for need for care. Although this in-service module is being developed as part of the new service workers required training, existing staff will also be allowed to attend as needed. The manual will be updated with a concurrent planning section where staff can obtain information as needed. Circuit Managers will monitor the concurrent planning outcomes through the PRR tool and the PET will assist in developing improvement plans.

Materials gathered from the National Resource Center for Family Centered Services will be utilized in the development of the curriculum. In addition to the existing training on concurrent planning as well as the in-service curriculum development, Children's Division has a training partnership with the Office of State Courts Administrator, which will include training on concurrent planning. A multi-regional conference is being planned for the spring of 2005 which will cover a variety of practice and procedural issues for juvenile court, Children's Division and Department of Mental Health staff.

(P1.7.4) Establishing a permanency goal for a child is key to determining the case plan. It is imperative staff understand family dynamics and case situations and how those impact the permanent plan for the child and family. ASFA provides some guidance on situations which immediately cause a case goal to be adoption. Collaboration with the courts to provide cross training to new judiciary, court staff, GAL's and Children's Division staff on ASFA and permanency hearings will assure consistency across the state regarding state and federal regulations. The Children's Division will partner with the Office of the State Courts Administrator (OSCA) to develop a training curriculum.

Item 8: Reunification, Guardianship, or Permanent Placement with Relatives

(P1.8.1) CFSR results indicated an overall lack of services were provided to children in legal status 2 (temporary custody with adoptive parents), legal status 3 (supervision only by the Children's Division), and legal status 4 (care and custody with juvenile court or other agency). As these children are not in the division's legal custody, the Child Welfare Manual may not provide enough guidance to staff on what their duties and responsibilities are when managing these types of cases. In order to address this issue, the division is retrieving data from the Legacy system. Central Office has sent lists of children in LS-2, LS-3, and LS-4 to regional staff (LS-4's were those children who did not meet ICPC criteria). Regional staff will review their lists, which shows where each child is residing to see if the child is placed incorrectly by legal status. Once these lists are "cleaned up" and children are placed more accurately by their legal statuses, it is anticipated there will be few children left on these lists. A workgroup will be convened to examine this data to determine how many children specifically fall into these categories as well as their overall outcomes. The workgroup will include Office of State Courts Administrator (OSCA), the Division of Legal Services and CD staff from both rural and metro sites in the state. Additionally, special case reviews will be conducted on a random sample of these legal statuses. The Children's Division will meet with the Division of Legal Services to determine the legal obligations the division has in these types of situations. Once these steps are accomplished, policy and protocol on division staff roles and responsibilities will be revised and a decision regarding the definition of children in the AFCARS population will be made. Once policy is firmed up on these legal statuses, quality assistance can be monitored through the Peer Record Review process.

(P1.8.2 refer to S2.3.4) Shortening the length of time in which permanency is achieved is dependent upon services being provided to the family. Procedures to access various

service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.

(P1.8.3 refer to P1.7.1) The Family Support Team meeting is the setting for developing a service plan to achieve the child's case goal. The FST meetings are intended to support the family in making changes to assure safety and permanency for the child. By increasing the frequency and timeliness per policy of Family Support Team meetings the Children's Division will improve stability, assist the family in reaching the case goal more quickly, and conduct better aftercare planning to reduce re-entries.

(P1.8.4 refer to P1.7.2) Quality as well as timely FST meetings will assist families in achieving their case goal sooner. Establishing the permanency goal early on and regularly reviewing the goal assures that all team members have a common understanding about what the family is trying to achieve.

(P1.8.5 and P1.8.6 refer to P1.7.5) Collaboration between court staff and the Children's Division to ensure consistency of ASFA and Permanency hearings will impact the ability to work towards reunification and permanency with relatives. Additionally, there will be a collaborative effort to provide cross training to the judiciary, court staff, GALs and CD staff on their various roles and responsibilities. A contract has already been developed to provide this training and meetings between OSCA and the CD will be held to discuss the roles and responsibilities of all parties.

(P1.8.7 and P1.8.8) To establish the goal of guardianship more expeditiously, Missouri law will need to be amended to allow Juvenile Courts the ability to enter temporary custody orders and transfer jurisdiction to Probate and Circuit Courts. To do this, the Children's Division will work in conjunction with the OSCA and DLS to draft a proposal to expedite guardianship. Each circuit will also work concurrently with their court to determine which strategy will expedite guardianship for children placed with relatives in CD custody. In addition, once logic has been created, coding changes in Legacy will track additional kinship placement types and show children are correctly placed by legal status, which will expedite permanency for children.

Item 9: Adoption

(P1.9.1) Filing procedures for Termination of Parental Rights (TPR) vary across the state. Filing issues and docket management will be best resolved when completed on a circuit-by-circuit basis. However, the first step is for the court and the Children's Division to have a common understanding on the criteria a case must meet in order to pursue TPR. The Children's Division will develop policy outlining supervisor and staff responsibilities in filing TPR, including documentation of compelling reasons for not filing TPR. Each circuit office will meet with their judiciary to establish a process for expeditious filing of TPR case.

(P1.9.2 refer to P1.6.5) An increase in the number of resource families is essential in the Division's ability to find adoptive resources for the children in need of permanency.

By awarding performance based permanency and resource contracts, as well as increasing the number of staff as needed throughout the state, the Division's ability to increase the number of home studies for prospective families will increase. The contracts will provide performance expectations for contracted services, which will net the Division with better equipped adoptive families. A workload staffing analysis will be conducted to determine staffing needs for completion of home studies and finalizing adoptions. Additional resources will be committed as needed per available resources.

(P1.9.3 and P1.9.4) As stated in the final report, the most significant barrier to achieving adoptions was the agency's failure to file for TPR in a timely manner. In many cases, the Juvenile Office files a petition for TPR; however, it is also the prerogative of the agency to do so when in the child's best interest. Improved access to legal representation will allow the Children's Division staff to file terminations and adoptions timely. Current legal resources are scant due to budgetary cuts to the Division and to the court system as well as an increase in children needing permanency. In July of 2004, the Division of Legal Services (DLS) identified a plan to fill vacant FTE's or contract for attorneys. The additional attorneys are being hired and placed in areas of need. Further, DLS and the law schools will identify and seek other funding sources for the expansion of the law school cooperative program. The Children's Division and DLS will establish a workgroup to develop a protocol for accessing DLS attorneys. Monitoring will occur by a CD and DLS joint committee for improvement.

Item 10: Permanency goal of other planned permanent living arrangement

(P1.10.1 refer to P1.6.5) Much of the success of youth, who have a case goal of another planned permanent living arrangement, is dependent upon their preparation for eventual independence and support system after independence occurs. The foster parents of these youth must be prepared to assist them in working on their independent living skills. To increase the number and quality of resource families for older youth, the division will implement the recruitment and retention plan developed through the Chafee program, the Adopt US Kids campaign, and development of the recruitment and resource development contracts. Additionally, the Ready, Set, Fly curriculum for foster parents with older youth and the Chafee recruitment video will be incorporated into foster parent training.

(P1.10.2) Each year many youth are served through the Independent Living Program (ILP) due to the dedication and commitment of the ILP staff. However, increasing awareness of the program to CD staff, juvenile court and other youth serving agencies must be an ongoing process. Increasing awareness of the Education and Training Vouchers program as well as other Chafee services is a priority for Missouri's ILP. Informational meetings, seminars and workshops has been available to staff and community providers beginning with the annual Chafee stakeholder meetings. ILP staff has been working to design an ETV poster for distribution to secondary and higher educational institutions. An information memorandum will be written and disseminated

to staff about the importance of involving ILP staff in the case planning process for older youth.

(P1.10.3) CD recognizes the importance of serving youth younger than age 16 through the ILP. In FY 2004, ILP staff worked diligently to design a hands on curriculum for youth younger than age 16. Missouri's philosophy for its youth in care is one of empowerment, leadership and responsibility. Each year the State Youth Advisory Board designs and hosts an youth empowerment conference to promote foster youth reaching out through community services, encourage and strengthen positive youth and adult relationships, and educating youth and adults about available resources.

One consistent recommendation from the Chafee stakeholder meetings held throughout the state in 2004 was to designate an adolescent worker position. Such a position would increase program accessibility and aware to youth, CD staff, juvenile court and other youth serving agencies. A workgroup will be convened to identify workers and design a training plan. In addition a CD memo will be written and disseminated to all CD staff to involve ILP staff in the case planning process for older youth and to increase youth referrals to the Chafee program.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placements.

This item was found to be substantially achieved.

Item 12: Placement with siblings.

This item focuses on a child's placement while they and their sibling(s) are in a foster care setting. Most of the stakeholders interviewed for the CFSR indicate that the agency attempts to place siblings together. The Children's Division has policy, which supports placement of siblings in the same alternative care setting.

(P2.12.1) In order to increase the number of siblings placed together, the agency developed a policy requiring a Family Support Team (FST) meeting be held prior to separating siblings and strengthened policy addressing the continual need for maintaining sibling relationships. Through the FST process, potential placement resources that would accept sibling groups may be discovered. Anticipated impact on the children will be fewer siblings separated and preserving connections and relationships between the siblings. These policy requirements were incorporated into the Peer Record Review and the Supervisory Case Review Tools and will be monitored by Circuit Managers.

If a placement resource for the sibling group cannot be secured, and the siblings are separated, an administrative review process needs to occur. The agency will develop an administrative level review to occur within 30 days of the siblings' separation. Circuit

Managers, regional staff and, as necessary, Central Office staff will review such cases in which the sibling group has been separated for 30 days. The purpose of the review will be to evaluate whether all viable options have been exhausted and determine if a subsequent FST meeting needs to occur to track case progress, including each child's current state of well-being, placement appropriateness, and placement options. Recommendations and feedback from the administrative review will be provided to the worker and his/her supervisor.

(P2.12.2 refer to P1.7.5) To augment this policy enhancement, the agency will also develop an ongoing training module regarding sibling placements for staff, foster parents, juvenile officers, GALs and judges. In order to accomplish this, the agency will develop a curriculum that emphasizes the importance of placing siblings together whenever possible by presenting information on sibling bonds, sibling rivalries, and the long-term effects of separation, etc. This training curriculum will be incorporated into foster parent training and the advanced Family-Centered Out-of-Home in-service training module for staff.

(P2.12.3 refer to P1.6.5) Increasing the number of resource families whom will accept sibling groups is critical to increasing the number of siblings placed together. The performance development resource contracts will be utilized for this purpose.

Item 13: Visiting with Parents and siblings in foster care

(P2.13.1) The agency has policy that addresses frequency of visitation. Visitation between parents and siblings of children in foster care is arranged on an individual basis and is intended to occur in either a neutral setting or in the out-of-home care placement. The agency recognizes the need to enhance policy to improve the quality and frequency of visitation between the child and their parents and siblings, through the use of community partners (such as relative, foster parent, school or other Family Support Team member) when possible. This enhanced visitation policy will emphasize that visitation should have intention and be held in the least intrusive and most natural setting. The enhanced visitation policy will be incorporated into BASIC and on-going training and incorporated into the Peer Record Review and Supervisory Case Review tools. Circuit Managers will monitor this data and PET teams will assist them in developing improvement plans.

Item 14: Preserving Connections

(P2.14.1) During the onsite review stakeholders stated that the Children's Division is not consistent in its efforts to promote and maintain children's connections with community and extended family. The Annie E. Casey Foundation, in consultation with community leaders and child welfare practitioners nationwide, has developed a reform initiative called Family to Family, which will address this issue. The system envisioned by Family to Family is designed to:

- Be targeted to bring children in congregate or institutional care back to their neighborhoods;
- Involve foster families as team members in family reunification efforts;
- Become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes;
- Provide permanent families for children in a timely manner.

This initiative is being piloted in St. Louis City. CD will evaluate the effectiveness of the program and feasibility for implementing the program statewide. Based on results of Family to Family evaluation and review of other state's best practices the division will determine statewide applicability. A statewide plan to address preserving connections will then be developed.

(P2.14.2 refer to P1.6.2) Improving diligent search for relative and missing parents will also assist the division in preserving connections for children in care.

(P2.14.3) The agency recognizes that children of American Indian descent need to maintain familial connection to encourage continued growth and learning of cultural traditions, activities and lifestyles. The agency has revised Missouri's Indian Child Welfare Act (ICWA) policy to reflect best practice standards. Questions about Native American heritage will be incorporated into the intake tool (CPS-1) and family assessment tool (CD-14) to ensure the possibility of Native American heritage is explored early in the division's involvement with a child and family. This will be monitored by adding an ICWA question to the Peer Record Review and the Supervisory Case Review tools.

Item 15: Relative Placement

The agency views placement with relatives as a priority and makes concerted efforts to seek relatives as placement resources.

(P2.15.1refer to P1.6.1) Alternative Care tracking system enhancements will be made to accurately track the use of kinship and relative placements.

(P2.15.2refer to P2.15.2) Conducting a "diligent search" is necessary to find missing parents early in the case to ascertain parents' intentions regarding the child(ren). It is also used to search for relatives to find the best possible placement for the child, which will lead to a quick and permanent solution for the child's care.

(P2.15.3 refer to P1.6.2) The training provided for relative/kinship resource families needs evaluation. Relative and kinship caregivers will be surveyed on the adequacy of the Caregiver Who Knows the Child training curriculum. Data from the survey will be collected and analyzed and necessary adjustments will be made to the curriculum.

Item 16: Relationship of Children in Care with Parents

A key concern found in the CFSR was a lack of consistent effort to maintain children's relationships with the non-custodial parent; specifically noted were fathers.

(P2.16.1) Conducting a "diligent search" is necessary to find missing parents early in the case to ascertain parents' intentions regarding the child(ren).

(P2.16.2 refer to S2.3.2) Once parents are located, engagement of the parents throughout the case planning and decision making process is crucial to maintaining parent and child relationships. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will strengthen parent/child relationships.

Item 17: Needs and services of child, parents, foster parents

(WB1.17.1 refer to S2.3.1) Missouri policy requires an initial assessment of the family be completed within 30 days of receipt of a Hotline referral. A more in-depth family assessment (CD-14) is completed on the family if the case is open longer than 30 days. This assessment includes utilizing tools such as the genogram, eco-map, and timeline. While these tools are helpful in engaging the family, the CD-14 will be revised to better link service provision to the needs of the family.

(WB1.17.2 refer to S2.3.2) Family engagement in the assessment process is crucial to identification of needs and improved case planning.

(WB1.17.3 refer to S1.2.2) Assessing need and the provision of services for alternative care providers will be accomplished through the implementation of the "Confirming Safe Environments" work process.

Well Being Outcome 1: Families have enhanced capacity to provide for children's needs.

Item 18: Child and family involvement in case planning

(WB1.18.1) Involving parents (including pre-adoptive parents or permanent caregivers) and children in identifying the services and goals included in the case plan were found to be an area needing improvement in Missouri. Stakeholders noted that parents were invited to attend FST meetings; however, parents may perceive their issues or concerns are not heard or incorporated into the planning process. A protocol will be establish to access CD staff outside of regular business hours.

(WB1.18.2 refer to P1.7.3) Improving the quality of the Family Support Team meetings will assist in increased family participation in the case planning process.

(WB1.18.3) One way to assure the needs of children and families are met is to inform individuals of their rights and responsibilities during the time their child is in an alternative care placement. A handbook, outlining information such as court proceedings, case planning meetings, legal representation, financial responsibilities, etc., will be developed and shared with parents to guide and assist them during this time. Existing documents will be reviewed to develop one handbook used consistently throughout the state. This will be field tested by consumers and their input will be solicited. Based on this input, revisions to the handbook will be made. Policy regarding the handbook will be submitted to the Policy Review Team for comment by field staff. After final revisions are made, the handbook and accompanying policy will be distributed to all staff.

Item 19: Caseworker visits with child

The CFSR found the level of face-to-face contact between children's service workers and the children in their caseloads was not consistently sufficient to ensure children's safety and well being and promote case goals. This was especially evident for in-home services cases. In other cases, visits failed to focus on issues pertinent to case planning, service delivery and goal attainment.

WB1.19.1 & 19.2) In order to increase policy compliance for the frequency of worker visits with children in both intact and out-of-home families, policy regarding responsibility for visits and the documentation is needed when visits did not occur in a timely way will be clarified. Currently policy requires workers to meet with the child and foster/kinship family within the first week and thereafter a minimum of every two weeks to monitor placement. New protocols that assure worker visits incorporate case planning, service delivery and goal attainment will be developed. These protocols will be determined by the visitation policy and practice workgroup and submitted to the Policy Review Team and executive management staff for feedback prior to approval by the executive team and implementation. Visit protocols will be incorporated into BASIC training for new staff. Furthermore, supervisor and staff field practice will be improved and supported through utilization of the regional Practice Evaluation Teams (PETs). Protocols will include the Confirming Safe Environments concepts discussed in Item 2 narrative.

(WB1.19.3) A statewide tracking measure, which will serve as the basis for a management report, is needed as a means of measuring and improving caseworker

visits. Using current information systems, it is difficult to monitor past or current compliance. A visitation policy and practice team will be convened to develop policy on visitation re: how often; what should take place during visits and possibly used as accountability of tracking where children are. To track visits electronically, enhancements to the existing ACTS and FCS system will be made. Children's Division staff will meet with MIS SACWIS management to develop logic and a reporting format for tracking visits. SACWIS will be available to track visitation in the Case Management System.

Item 20: Worker Visits with Parents

(WB1.20.1and WB1.20.2) The CFSR found that worker visits with parents was an area needing improvement. The CFSR results indicated that, overall, the frequency and quality of worker visits with both mothers and fathers were not sufficient to monitor the safety and well being of the child or promote attainment of case goal. The Family Risk Assessment/Reassessment is a reliable tool used to assess risk to children. The risk level is used to guide the minimum amount of contact with the family each month for cases opened for ongoing services. CD minimum guidelines for very high risk families require workers to have two face-to-face/month contacts with the family and three outside collateral contacts/month. High risk level cases require one face-to-face and three collateral contacts/month. Moderate risk requires one face-to-face and two collateral/month and low risk requires one face-to-face and one collateral contacts/month. The PRR will be revised to more accurately reflect the collateral contacts which are required.

The action steps necessary to enhance worker/parent visitation are the similar to those outlined in the first three benchmarks in Item 19 which include: developing clear protocols for quality visits with parents that focus on case planning, service delivery and goal attainment, clarifying policy on frequency of visits with parents and making changes to the ACTS and FCS systems to track visits with parents. The division will also strengthen relationships between the worker and resource provider by integrating the quality visit protocol into foster parent training and evaluating the Caregiver Who Knows the Child training.

Well Being Outcome 2: Children receive services to meet their educational needs.

Item 21: Children receive appropriate services to meet their educational needs.

(WB2.21.1) This indicator focuses on addressing and meeting the educational needs of children in foster care and in-home services cases. Key concerns addressed in the CFSR report had to do with truancy and educational neglect in the in-home services cases reviewed. Of note was the adverse effect of placement changes on school attendance and performance. Strengthening and promoting positive relationships between schools and the division is critical to improving the educational well-being of children in both intact families and out-of-home care.

The first step in improving these relationships is to have educational personnel/liaisons involved in the team decision-making process. Therefore, protocols establishing when educational personnel should be invited to Family Support Team meetings will be developed.

The Children's Division and many school districts are partnered to provide the School Based Social Worker (SBSW) Program. The rationale for this program is the prevention and early identification of children at possible risk of child abuse and neglect or other barriers that would limit full potential for success in the school setting. Missouri school districts interesting in the SBSW program can submit a proposal for a Cooperative Service Program. The division pays 35 percent and the school pays 65 percent of the salary for the SBSW. The function of the SBSW broadens the expanse of services available to the child and family, differing in focus and job duties than the traditional guidance school counselor. The goal is for all parties involved to collaborate, enhance and complement the type of services provided to ensure the best interests of the child.

Even when educators are included in FST's, there will still be instances when division staff needs additional assistance in advocating for the educational needs of children. For this reason, educational liaisons will be regionally assigned to assist staff in brokering educational services. This staff person will have the knowledge and expertise to help guide children through the educational system, especially as it relates to special educational needs issues and the Safe Schools Act.

The circuit self-assessment completed within each circuit will identify local barriers to providing appropriate educational services to children. Based on this assessment, a plan for addressing the local barriers with schools will be completed and implemented in each circuit. In addition, Children's Division central office administration will partner with the administration of the Department of Elementary and Secondary Education (DESE) to address identified barriers at the state level.

(WB2.21.2) To improve the flow of educational records and reports between schools, a protocol will be developed for children in care to allow for custodial permission to access the educational and medical records necessary for enrollment. The regional educational liaison will also be used to work with schools and staff in getting records for enrollment when difficulties arise. In addition, accountability measures for transferring educational records will be incorporated into the residential facility contracts to ensure these facilities are transferring records in a timely manner.

(WB2.21.3 and WB2.21.4) Incidence of educational neglect, truancy and suspensions of children in both intact families and out-of-home negatively affect educational well-being. The National Resource Center on Organizational Improvement Child Protective Services and other national education resources will be accessed to assist in identifying risk factors for educational neglect, truancy and suspensions. Early identification of these risk factors will be incorporated into the CS-1 (Child Assessment and Case Plan) and the CD-14 (Family Assessment). A protocol for accessing early interventions for students found to be at risk and for children expelled due to implementation of the Safe

Schools Act will be developed. The draft protocol will be distributed and implemented statewide.

Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Item 22: Physical health of the child

Stakeholders indicated the Children's Division is consistent in ensuring the physical needs of the child in foster care are met. However, in some parts of the state, it is difficult to find a dentist that will accept Medicaid. This causes a lack of sufficient dental services for some children in foster care.

(WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will be provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

Jackson County began partnering with a mobile dental group Reachout Healthcare America to schedule appointments for children to receive dental care at mobile sites in November 2003. Bridgeport, the dental subcontractor for MC+ plans to formalize agreements with Reachout to provide services for any Jackson County child with MC+ or Medicaid. A dentist, x-ray technician and a dental hygienist are available each visit to provide routine dental work including cleaning, oral hygiene, fluoride treatments, sealants, and fillings. More complicated and orthodontic services are not provided at the mobile site. The Jackson County dental coordinator has been communicating with Reachout to inquire about what other cities the mobile dental group visits and the possibility of expanding this service to other children eligible for MC+ or Medicaid in other parts of the state.

(WB3.22.2) Another concern identified was the lack of medical services for intact families. The Children's Division will increase the ability of staff to assess medical needs of families. To identify needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of medical needs for each person in the family. The revised form and form instructions will be issued to all staff. Circuit Managers will be assisted by quality assurance specialist to monitor the Supervisory Case Review outcomes. Regional Practice Evaluation Teams (PETs) will be utilized to support practice protocols related to medical needs assessment.

Item 23: Mental health needs of the child

Stakeholders indicated there are insufficient mental health services to meet the needs of children in foster care and in-home services cases in many areas of the state. Stakeholders also noted the agency has difficulty obtaining psychological services and substance abuse treatment services for children through state mental health agencies. Specific concerns included a lack of qualified therapists who understand child abuse and neglect, services for dually diagnosed children and services for children with a diagnosis of mental retardation and developmental disabilities.

(WB3.23.1) The Children's Division will increase the ability of staff, foster parents and families to access available mental health resources. Mental health resources will be identified in each circuit through the circuit self-assessment and a mental health coordinator will be designated in each region to assist staff in accessing available resources for families. These coordinators will convene teams to identify local barriers and develop plans to alleviate barriers and create partnerships to improve service delivery in the mental health arena. In an effort to encourage mental health providers to accept Medicaid, the division will work with the Division of Medical Services to reduce the administrative burden on Medicaid providers. Additionally, the development of the comprehensive state children's mental health plan discussed in Item 3 will coordinate the resources of multiple agencies and remove system barriers that might otherwise result in children not accessing all needed services.

(WB.3.23.2) Staff and foster parents must be cognizant of the mental health trauma a child may experience due to removal from the home and subsequent changes in placement. To increase awareness about these attachment and mental health issues, attachment issues training will be incorporated into the ongoing training curriculum. Implementation of HB 1453 will assist in reducing the number of moves a child in care experiences, thus reducing attachment-related trauma. Provisions within HB 1453 include mandatory Family Support Team meetings prior to any move or with 72 hours of an emergency move. Additional trainings entitled "Working with the Explosive Child", "Grief and Loss", and "Reactive Attachment Disorder" will be offered semi-annually to staff.

(WB3.23.3) Early identification of mental health needs is vital to ensuring the well-being of children and families. To assist staff in identifying these needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of specific mental health needs of children and family members. The revised form and form instructions will be issued to all staff. Mental health needs assessment practice will then be supported through the use of Practice Evaluation Teams (PET) in each region.

Systemic Factors

Statewide Information System

Item 24: System can identify the status, demographic characteristics, and location and goals of children in foster care.

This item was found to be substantially achieved.

Case Review System

are developed jointly with families.

Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

This item was found to be an area needing improvement due to case plans not being developed jointly with the child's parent on a consistent basis. Though policy and practice support a strength-based process that empowers families, there is a need to embed that approach within the organization and ensure the family does not feel they have little input into a plan that is dictated by the court and/or agency. There was a concern regarding "cookie-cutter" plans that don't address the underlying needs or build on the unique strengths and resources of a particular family. Clearly articulated values and principles, which are consistently reinforced in the field and shared by key stakeholders, are essential in order to change practice.

- (25.1 refer to S2.3.1) Revising the assessment and case planning tools to be more user-friendly will assist with engaging families in the case planning process. The CD-14 will be revised to ensure a more a global assessment of family needs and strengths.
- (25.2 refer to S2.3.2) Family participation in Family Support Team meetings is directly related to the engagement of the family by the worker and the amount of preparation (or lack thereof) of the family ahead of time.
- (25.3 refer to S2.3.3) To ensure accountability for good social work practice, supervisors must have the capacity to monitor practice. The division will improve supervisor capacity to monitor case planning practices. (25.4 refer to P1.6.2 and S2.3.2) Improving diligent search mechanisms will assist in maximizing familial participation in the case planning process. Strengthening worker and supervisor skills in engaging families in the case planning process will ensure plans
- (25.5) Improving the overall Family Support Team facilitation skills of staff will ensure that the family has input into the case planning process. Fundamental FST skill application has been a part of BASIC training. In February 2005, Professional Training and Development will roll out an enhanced/improved version of this skill application. A supplemental one day FST training will be offered to existing staff focusing on skills necessary to conduct effective FST meetings beginning in February 2005. Twenty-five sessions will be available through October 2005. In addition, the Advanced FST skill application will become available in February 2005. Twenty-five sessions will also be available throughout the state in 2005 with a concentrated focus on leading and modeling FST facilitation skills. The use of solution focused techniques will be demonstrated and practiced. The advanced FST facilitation training will be integrated

into the advanced Family-Centered Out-of-Home Services in-service module in May 2006 and Advanced Family-Centered Services in-service module in September 2006.

Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

The CFSR determined that FST meetings are not always held in a timely manner. Additionally, FSTs convened for the six month administrative review do not meet the Federal requirement of involving a third party participant.

- (26.1) The current policy will be revised to clarify FST requirements/procedures. Once developed, the revised policy will be sent to the policy review team and management for comment. Revision will be made based upon review comments and distributed to all staff.
- (26.2) Circuit Managers will recruit a pool of qualified volunteers to participate as third party reviewers for the six month administrative reviews. These reviewers will be assigned to case reviews by the Circuit Managers.
- (26.3) In order to increase the ability to track the six month administrative review, the child assessment and case planning form (CS-1) will be revised to specifically denote the six month review. The revised form will be distributed to all staff. Additionally, Alternative Care Tracking System (ACTS) system logic will be developed and a field will be added to the SS-61 (ACTS form). Staff will only be able to enter a 6 month administrative review into the system and get credit for it if the 3rd party reviewer criteria has been met for that review.

Item 27: Provides a process that ensures each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

The CFSR determined the State does not consistently ensure that each child in foster care has a permanency hearing no later than 12 months from the date the child enters care and no less frequently than every 12 month thereafter. And, there is no statewide system in place for tracking the timeliness of permanency hearings. In addition, many of the 12-month hearings involve only "paper" reviews and full hearings are not being held unless one of the parties specifically requests it.

The Social Security Act, Title IV-E, SEC. 475 (5). [42 U.S.C. 675], mandates that states develop a case review system to assure "...each child in foster care under the supervision of the State has a <u>permanency</u> hearing, in a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court, <u>no later than 12 months after the date the child is considered to have entered foster care</u> (as determined under subparagraph (F)

and not less frequently than every 12 months thereafter during the continuation of foster care which hearing shall determine the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, placed for adoption and the State will file a petition for termination of parental rights, or referred for legal guardianship, or (in cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement..."

Section 210.720 of the Missouri Revised Statutes is consistent with the Act, stating that:

1. In the case of a child that has been placed in the custody of the division of family services... every six months after the placement, the foster family, group home, agency or child care institution with which the child is placed shall file with the court a written report on the status of the child. The court shall review the report and shall hold a permanency hearing within twelve months of initial placement and at least annually thereafter. The permanency hearing shall be for the purpose of determining in accordance with the best interests of the child a permanent plan for the placement of the child, including whether or not the child should be continued in foster care or whether the child should be returned to a parent, guardian or relative, or whether or not proceedings should be instituted by either the juvenile officer or the division to terminate parental rights and legally free such child for adoption."

Reasons for noncompliance with above laws, specifically delays in such hearings, were analyzed and determined to fall into three major categories:

- Lack of legal representation for all parties to include Children's Division staff, children, parents and juvenile officers;
- Inconsistency in permanency hearing practices; and
- Inconsistent or lack of tracking and notification of permanency hearings.

It was observed that legal representation played a crucial role in facilitating the timeliness of permanency hearings. It was noted that in many cases when parties were not represented on the appointed court date, hearings were reset for a later date on an already overloaded docket, thus delaying permanency. This issue is not limited to the legal representation of parents under contested situations, but also applied to children. Court appointed Guardian Ad Litems in various parts of the state are few and are not easily replaced on short notice.

Competing opportunities for greater financial compensation and lack of training on Adoption and Safe Families Act (ASFA) guidelines may play a role in low prioritization of child welfare cases. In addition, many court appointed attorneys lack experience in the Juvenile/Family Court setting and are unfamiliar with associated laws. Although Children's Division staff is required to submit status reports and recommendations to the court in the best interest of children, they are seldom legally represented. Such legal representation would come from the Division of Legal Services (DLS). However, access to DLS attorneys is limited due to budgetary constraints.

(27.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys. Additionally, the division will work with the law schools to expand the cooperative program.

(27.2) Regardless of whether legal representation is provided to Children's Division staff, there is a need for training CD staff on witness skills and on the legal process in general. The purpose of this is not to provide professional expertise in the law, but rather to provide CD staff with the ability to conduct themselves in court in a competent manner to represent the best interest of the children they serve. The training will be developed collaboratively with CS, OSCA, NRC and DLS. The training will be incorporated into BASIC and ongoing for existing training.

(27.3) In some cases, review hearings are held at intervals that far exceed the expectations of the law. However, many of these reviews do not qualify as 'permanency hearings' by definition as they fail to address the required elements. Although frequent hearings may provide for added accountability of parties, the permanency of children is unaffected if a permanency plan and ASFA timeframes are not addressed. A concern is that there may be a lack of clarity within some courts as to the difference between a review hearing and a permanency hearing. Other situations have been noted where ASFA timeframes and permanency guidelines may indeed have been addressed, but not explicitly documented in the court order. As such, permanency hearings are neither documented nor conducted consistently across the state.

Currently, there is no statewide court system to track permanency hearings and ensure they are held in a timely manner. The Children's Division operates a statewide data system that tracks hearings and child placements. However, the information does not interact with the court docket, and therefore does nothing to alert the juvenile office to schedule permanency hearings when they are due. Some court circuits have a system of tracking hearings, but no statewide system exists. Notification of hearings is not consistent. This results in continuances and ultimately, delayed permanency. There is a lack of consistency as to who sends and who receives notice. Consequently, some parties are notified by the court, others notified by the Children's Division worker, while others are not notified at all. Likewise, the timing of such notification is also inconsistent.

A tracking system is currently being developed by the Office of State Courts Administrator (OSCA), but is not projected to be completed statewide in the near future. While court scheduling is not within the purview of the Division, the Division can take steps to promote hearing timeliness. As stated previously, the Division will provide staff training to improve testifying skills. The Children's Division will also collaborate at the state level with OSCA to ensure joint accountability for timely court hearings and identify those circuits in which court issues need to be addressed. Timeliness of hearings will be monitored through the development of an interagency work group which will address system-wide Juvenile Justice issues regarding consistency, communication and

coordination across judicial circuits. Additionally, local protocols between the court and local offices will be developed to ensure timely hearings. The Family Support Team policy will be revised to assure the twelve month permanency hearing date is discussed and documented during the team meeting. The revised policy will be incorporated into BASIC training.

(27.4 refer to P1.7.5) Attorneys appointed by the court are in need of some formalized training in laws applying to permanency, including ASFA timeframes. Included in such training would be an explanation of their roles and responsibilities as appointed representatives of children and parents. The CD will coordinate with the OSCA and DLS to provide cross training to court staff, Guardian ad Litems and division staff on ASFA and permanency hearings consistent with state and federal regulations.

Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

As stated in the Final Report, there were several barriers to ASFA compliance with regards to the TPR process in the State of Missouri. There was some overlap between these issues and the barriers for timely permanency hearings. For instance, lack of agency representation was addressed and listed as an action step for Systemic Factor 27 as delays in permanency reviews may ultimately result in delays of Termination of Parental Rights. Legal representation of parents is many times lacking prior to a TPR hearing because the court ordered appointments are time limited. Since appointments expire, hearings are often delayed so that another appointment can be made.

(28.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys. Additionally, the division will work with the law schools to expand the cooperative program.

(28.2 refer to S2.3.2) Engagement of the family and child is critical to their involvement in the case planning process and service delivery. Staff must be aware of the reasonable efforts required by AFSA prior to filing TPR. If concurrent planning is to begin from the time a child enters care, frontline workers must not only be aware of ASFA timeframes and standards, but also intentionally working toward TPR while also working toward reunification. Training must deal with not only the reality that ASFA is relevant at the 72 hour FST, but also in how to conform to the law. Worker and supervisor skill in engaging the family will be strengthened by gathering focus group information and developing a training curriculum or guide.

(28.3 refer to P1.9.1) Termination of parental rights needs to be filed in a timely manner unless compelling reasons are documented in the record. Local procedures for TPR filings will be developed and division policy will address supervisor and staff responsibilities in documentation of compelling reasons for not filing TPR.

(28.4 refer to P1.6.2) Lack of service and reasonable efforts often delay TPR proceedings. A frequent cause is that the whereabouts or identity of the parent is unknown. In the spirit of exploring every possible placement option for the child, absent parents should be amongst the first considered. Although policy addresses the diligent search for absent parents, protocol will be developed to widen and document such efforts.

(28.5) Ideology and concern about the welfare of children can both present barriers to timely adoption/TPR. Typically, parties from the frontline worker to the judge/commissioner work to avoid creating 'legal orphans.' Although the concern is a valid one, it need not be the case. 211.447 RSMo. addresses the filing of a petition for TPR in cases of infant abandonment and when no reasonable efforts are required. However, there is currently no timeframe in the statute. Modification of the statute to comply with ASFA is appropriate and would expedite permanency. To do this, the Children's Division will work in conjunction with the Office of the State Court Administrator (OSCA) to draft a proposal and obtain a legislative sponsor for the bill.

Item 29: Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

(29.1) Notification to caregivers of children in alternative care is mentioned in three places in the Missouri Statutes. Although it is clear that the court is responsible to notify caregivers in both 211.464 RSMo. & 211.566 RSMo. (Foster Parent Bill of Rights), in Section 211.171 RSMo., no one is listed as the party responsible for such notification. HB 1453 indicates it is the courts responsibility to notify parties of hearings. Five sessions of Comprehensive Child Welfare Training co-sponsored by OSCA during March, April and May 2005 for CD, court staff and judges will include notification of this responsibility. Although notification is a court process, each circuit has in a place a mechanism based on local protocol to ensure their circuit court has available addresses to notify parties of upcoming court hearings. Questions regarding notification of court hearings will be incorporated into consumer surveys for foster parents, youth and biological parents for monitoring purposes.

Quality Assurance System

Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

This item was found to be substantially achieved.

Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdiction where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service

delivery system, provides relevant reports, and evaluates program improvement measures implemented.

This item was found to be substantially achieved.

Training

Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for al staff who deliver these services.

This item was found to be substantially achieved.

Item 33: The state provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

(33.1, 33.2, 33.3, 33.4, and 33.5) A goal of the Children's Division is to institute a comprehensive, competency-based training program for front line staff and supervisors that contains both pre-service and ongoing in-service training. The training is being revised to strengthen the clinical focus and create linkages with the field through clinical supervision and mentoring that will support the transfer of learning via specified On the Job Training (OJT) activities. Research indicates that classroom training alone does not fully ensure the fidelity of good field practice. Practice excellence requires a training structure that blends learning approaches, including: competency-based, skill-building classroom training; long-distance, web-based learning that supports and supplements the classroom; and, On the Job Training that is consistently provided, processed, and evaluated by clinical field mentors and supervisors during daily interactions with staff.

The Professional Development and Training Unit has carefully examined current training, as well as results from agency quality assurance measures such as peer record reviews, practice development reviews, the Survey of Organizational Excellence, the CQI process, the COA standards, and audit reports. Other information such as feedback from field staff through focus groups and regionally conducted trainings as well as information gathered from other state training programs has also been considered. As a result, the Professional Development and Training Unit is creating a new training structure that will provide required pre-service and in-service training for frontline staff and supervisors during their first two years of employment.

The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new frontline staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and closure with the family. Family systems, values, joining and

engaging, cultural diversity and child development are also some of the topics addressed within the training.

The new advanced <u>in-service</u> training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training. This will be enhanced through specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional <u>elective</u> in-service training during or beyond their first two years. This will be done through the use of classroom and On the Job Training evaluation and individualized professional development plans that will be created by supervisors and their staff to mutually assess skill acquisition and demonstration.

(33.6) The creation of a Training Advisory Committee comprised of clinical mentors, trainers, field staff and possibly representatives from a school of social work will provide a network that will identify areas for practice improvement, assess training needs and assist in assessing individual staff competence as well as circuit competence.

There will be two key priorities upon which Professional Development and Staff Training will focus as the agency moves toward attaining practice excellence. One will be the creation and implementation of new supervisory training, which will have both an administrative and clinical focus. The second area will be the development and implementation of required advanced in-service training for front line staff. (33.7) Additionally, the Child Abuse and Neglect Training Institute has been developed to increase training opportunities for staff. The institute is the result of a cooperative effort between the division and numerous community partners. In early 2004, the CA/N Training Institute Planning Partnership committee met to finalize topics and session content for three CA/N Training Institute sessions. The sessions are video conferenced to locations all over the state to allow for maximum participation. Each training has selected speakers that address a wide variety of topics relevant to Child Abuse and Neglect.

(33.8) Additional circuit specific training will be provided based on needs identified in the Circuit Self-Assessments. To access this training the circuits will notify the Professional Development and Training Unit of their targeted training need. The Professional Development and Training Unit will them design a training targeted to the specific need of that circuit.

Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

This item was found to be substantially achieved.

Service Array

Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

CFSR results indicated service array deficit in various areas of the state. Specifically noted was a lack of dental services; alcohol and drug abuse (ADA) services; foster homes for older youths, siblings groups, disabled and medically fragile children; parenting classes for teens; parent aides; interpretation services for non-English speaking consumers; and transportation services. Service array deficits were particularly noted in the rural areas of the state.

As service array varies from community to community, development of a statewide strategy to address service array deficits becomes problematic without a thorough understanding of the particular needs in each circuit. For this reason, an analysis of service array was incorporated into the circuit self-assessment.

(35.1 refer to WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

(35.2) The ADA section of the Department of Mental Health has indicated there are sufficient ADA services to meet the needs of families. However, division staff does not know how to appropriately connect families with these resources. To increase the ability of staff to access ADA services, the division has partnered with the ADA section of the Department of Mental Health to develop a joint in-service training called Family, Drugs and Safety. This training was initially field tested in the southwestern region of the state and is schedule to be tested further in Jefferson County. Curriculum will be revised to reflect recommendations during the field test, including who the target audience is and how many staff to be trained. The Professional Development and Training Unit will provide three additional trainings across the state.

(35.3 refer to P1.6.5) In order to increase the availability of foster homes for older youth, siblings, and disabled or medically fragile children, the same strategies will be employed as found in the discussion in narrative Item 6. Strategies to be employed include implementing a recruitment and retention plan for foster home serving older

youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.

- (35.4) In order to increase the availability of and access to parenting classes, the division will, based on the circuit self-assessment, identify circuits most in need of parenting classes and parent aide services. Performance based contracts for family/parent aide and parenting class services will be developed to serve those circuits with an identified need.
- (35.5) To increase the availability of non-English speaking services, the division will, based on circuit self-assessment, identify circuits most in need of non-English speaking services. A recruitment plan for multi/bilingual staff will also be developed. Additionally, state forms will be made available in Spanish to accommodate Missouri's increasing Hispanic population.
- (35.6) In order to increase the availability of transportation services, the division will, based on circuit self-assessment, identify circuits which do not have transportation services available. Service organizations will be recruited regionally to provide transportation services. Additionally, transportation children's treatment services (CTS) contracts will be issued statewide.

Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

See narrative for Item 35.

Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.

CFSR findings indicated services are not available to meet the individualized needs of children and families. CTS flexible funding was not always available, service plans were found to be cookie cutter and services provided often did not correspond with the reason a child entered care.

- (37.1) To provide individualized services the Children's Division will expand existing services and increase funding for concrete services. See narrative for Item 35.
- (37.2 refer to S2.3.2) Individualized services are dependent upon the quality of the initial assessment and subsequent case planning. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will assure services are individualized to meet child and family needs. To accomplish this, the same action steps discussed in the narrative for Item 3 will be employed and include: conducting focus groups to identify clinical support needs, establishing baseline information, developing worker discussion guides, and enhancing case planning part of BASIC curriculum for new staff.

Agency Responsiveness to the Community

Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the judicial court, and other public and private child- and family-serving agencies and include the major concerns of these representatives in the goals and objectives of the CFSP.

This item was found to be substantially achieved.

Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.

This item was found to be substantially achieved.

Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

This item was found to be substantially achieved.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 41: The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.

This item was found to be substantially achieved.

Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

This item was found to be substantially achieved.

Item 43: The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

This item was found to be substantially achieved.

Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

(44.1 refer to P1.6.5) Strategies used to ensure the diligent recruitment of foster and adoptive families are the same the action steps discussed in the narrative in Item 6 and include; implementing a recruitment and retention plan for foster home serving older youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.

Item 45: The State has in place a process for the effective use of crossjurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

This item was found to be substantially achieved.

Missouri Department of Social Services Children's Division







Annual Program Improvement
Plan Report Achieving Positive
Outcomes for Missouri's
Children and Families



AN OVERVIEW OF MISSOURI'S PROGRAM IMPROVEMENT PLAN Annual Report: February 2005 – January 2006

This report provides progress on the Program Improvement Plan for the Child Family Services Review (CFSR) for Missouri. The CFSR was conducted the week of December 8, 2003. The CFSR assessed state performance with regards to seven child welfare outcomes for safety, permanency, and well-being and seven systemic factors with respect to the State's capacity to achieve positive outcomes for children and families. The Program Improvement Plan (PIP) was approved went into affect on February 1, 2005. The first quarterly PIP update was submitted in June 2005 and followed by three more quarterly progress reports.

The overall findings with regards to the state's performance were that Missouri did not achieve substantial conformity with the seven child welfare outcomes assessed through the CFSR. With regards to the systemic factors, the CFSR determined that the State was in substantial conformity with the factors of Statewide Information system; Quality Assurance System; Training; Agency Responsiveness to the Community; and Foster and Adoptive Parent Licensing, Recruitment, and Retention. The State did not achieve substantial conformity with the systemic factors of Case Review System or Service Array.

Signs of Progress

Children's Division Mission and Principles

On February 6, 2003, Governor Bob Holden issued an Executive Order 03-03 which created a Children's Division by combining the Children Services Section of the former Division of Family Services with the Office of Early Childhood. The order became effective on August 28, 2003. The goal for establishing the new division was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues within the agency and leveraging prevention investments to reduce abuse and neglect.

After an extensive review of the organizational needs of the division and with a focus on family-centered practice excellence, a clear vision and mission for the Children's Division emerged. This mission is supported by six guiding principles key to the division's work with children and families.

Mission Statement

The mission of the Children's Division is to partner with families and communities to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri's children.

Guiding Principles

Partnership: Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

Practice: The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

Prevention: Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

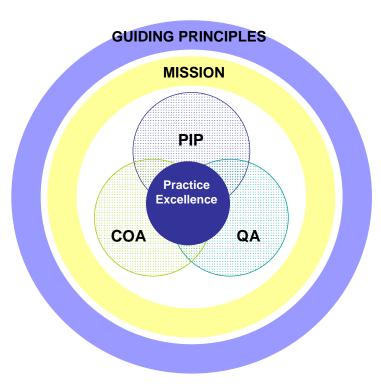
Protection: Children have a right to be safe and live free from abuse and neglect.

Permanency: Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

Professionalism: Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families. The creation of the Children's Division in August 2003 and subsequent reorganization allowed a heightened focus on children's issues and resulted in the creation of a specific mission and guiding principles for the Children's Division.

Major Milestones

The CD believes the PIP, the Continuous Quality Improvement (CQI) process and efforts made toward achieving state accreditation through the Council of Accreditation are intricately tied to one another. During the past year, the division utilized the PIP as a roadmap for practice improvement with the CQI process functioning as a vehicle for change. During this time the division is cognizant of developing solutions which meet best practice standards and are in alignment with our mission and principles.



Accreditation

During the past few years, Missouri's child welfare system has undergone audits and reviews leading to the recognition of the need for change and improvement. The CD responded by devising plans to enhance its practices to better ensure the safety and well-being of children.

The CD is committed to providing quality services to the children and families it serves. As part of the effort to accomplish this, it is the division's intent and goal to meet standards of best practice established by the Council on Accreditation (COA), as specified in House Bill 1453, passed during the FY05 legislative session.

The division must demonstrate to COA that its programs, policies, procedures, and practices are in compliance with COA standards and therefore worthy of receiving accreditation notoriety. As funding permits, the division will seek accreditation on a judicial circuit by circuit basis. Four circuits, along with Central Office and the Hotline, were selected to receive COA site visits in the first wave based on their overall readiness to meet accreditation standards as determined by the circuit self assessments. Site visits scheduled during FYO6 will begin in March and end in June.

In the past year, to meet accreditation standards, staff members have worked to improve casework practice and documentation including but not limited to the following:

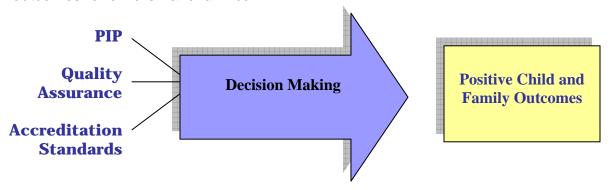
- CPR/ and Basic First Aid Training is now a requirement for all foster and kinship care providers in the first wave circuits to ensure they are equipped to handle medical emergencies that arise with children in their care. This requirement will be extended to other caregivers in each circuit that is put forth fro accreditation;
- Cultural Competency Training is being offered, and interview questions were developed to ensure that staff members are sensitive to diverse cultural traditions within the service population;
- Policies addressing clients' rights, communication with special needs clients, and safety of personnel have been developed or strengthened statewide to meet accreditation standards:
- Additional staff contracted to reduce caseload sizes and supervisor to staff ratio;
- Job specifications revised and awaiting approval to increase educational requirements to ensure front line workers are adequately qualified to perform their jobs.

Undergoing the accreditation process speaks to the commitment of the CD in advocating for and fulfilling its mission to ensure safety, permanency, and well-being for Missouri's children and families.

The Quality Assurance Unit.

Accreditation requires the division to develop a plan for continuous quality improvement. As testament of commitment to continuous quality improvement, the Quality Assurance (QA) Unit was formed in December of 2004. The QA unit consists of a QA Unit

Manager and seven regional QA Specialists. Using the PIP as a roadmap, the QA Unit assists in analyzing the information produced by the data system, targets specific areas needing improvement and works with regional and frontline staff through Practice Enhancement Teams to develop local action plans. The QA Unit also partners closely with Regional Field Administrators to meet both regional and statewide quality assurance needs. All of the quality assurance activities in which the Division engages feed into a continuous quality improvement process. The quality assurance data, the PIP, and accreditation best practice standards are used to drive decision making in Central Office and in the field as illustrated below. Decision making based on these components results in continuous quality improvement, process to achieve and positive outcomes for children and families.



With the assistance of the Quality Assurance Unit, each circuit is assessing PIP identified data measures, monitoring them on an ongoing basis, and developing strategies to address areas needing improvement. Circuits are accessing further technical assistance through **Practice Enhancement Teams** (PETs). PETs include a variety of members based on the issue of concern. For example, PETs are currently being convened to address data inaccuracy, to develop a global visitation policy, to examine safety across all program lines, and to determine supports necessary for supervisors.

Key Progress Related to Outcomes

The CD is committed to systemic changes that will lead to improved practice and outcomes. In the past year, improvements have been made that we believe will have a direct impact in the outcomes of safety, permanency and well being of children.

Safety

- Enhanced policy on initiating contact and increased the accuracy of initial contact data
- Development of local plans to respond more timely to reports of maltreatment
- Strengthened policy on safety assessment
- Improvement of family assessment and case planning tools

- Strengthened worker/supervisor skills in engaging families in the case planning process
- Enhanced background screening for foster/kinship providers

Permanency

- Increased system capacity to accurately track placement with kinship vendors
- Improved diligent search for relatives/missing parents
- Expanded use of family support team meetings to promote stable placements
- Increased collaboration with the courts
- Collaborated with the Office of State Courts Administrator to explore barriers and expedite guardianship
- Increased the capacity to conduct home studies and finalize adoptions
- Improved access to legal representation for CD staff
- Increased awareness of Chafee program services to staff and community members
- Strengthened worker/supervisory skills in engaging families in the assessment, case planning and case plan review process

Well Being

- Reviewed and in the process of developing a universal handbook for parents addressing rights, responsibilities, and court procedures, etc.
- Increased the ability to access available dental resources
- Increased awareness of staff and foster parents regarding mental health issues
- Increased ability to assess and access available mental health resources

Systemic Factors

- Maximized parental/family involvement in Family Support Team Meetings (FSTM)
- Improved staff facilitation skills for FSTM
- Increased ability to track six months administrative reviews separately from FSTM
- Provided cross training to judiciary, court staff, GALs and CD staff on ASFA and permanency hearings
- Increased ability of foster parents to be notified of and heard in court
- Developed advanced in-service training module for investigations and assessments
- Enhanced On-The-Job training
- Developed three Child/Abuse and Neglect Training Institutes for CD staff
- Increased services to meet the needs of non-English speaking consumers

Safety And Permanency Outcomes

Outcomes	PIP Quarter- 1 FY 2005-3 Performance	PIP Quarter- 2 FY 2005-4 Performance	PIP Quarter 3 FY 2006-1 Performance	PIP Quarter 4 FY 2006-2 Performance
Recurrence of Maltreatment NS=6.1% or less	5.5 %	5.1%	4.9%	5.1%
Incidence of Child Abuse and/or Neglect in Foster Care NS=.57% or less	.59%	.53%	.46%	.40%
Children returning home by length of time till reunification NS=76.2% or more	71.5%	70.2%	68.5%	68.2%
Children exiting CD custody to adoption by length of time till adoption NS= 32% or more	39.8%	39.2%	39.7%	40.6%
Reduce the number of placements of children in foster care (children in care less than 12 months) NS=86.7% or more	74.0%	73.9%	74.4%	74.9%
Reduce re-entry into foster care NS=8.6% or less	13.1%	7.9%	9.8%	9.0%

Targeting the "Big 8" Circuits

The Strategic Planning and Performance Section within the CD believes accomplishing the benchmarks within the PIP will ultimately lead to practice improvement, but accomplishing the many tasks may not automatically result in improved data outcomes. In addition to the activities underway in the PIP, we recognize that in order to pass the six federal outcomes, we should also target improvement strategies in the larger jurisdictions. The Strategic Planning and Performance Section targeted eight circuits with the most children in custody. A series of conference calls have been held and will continue on a quarterly between regional/circuit administration and the Strategic Planning and Performance Unit to discuss circuit performance on outcome measures.

Each circuit has been asked to further analyze the results and develop an action plan in the area of improvement needed.

Training and Technical Assistance

In early 2005, the CD staff met with consultants from the National Child Welfare Center for Organizational Improvement (NRCOI) to assess needs for technical assistance as identified in the PIP. Eight key strategies were identified:

- Safety across the board;
- Improved family assessments;
- Expanded/Enhanced Family Support Team meetings;
- Older youth issues;
- Reinforcing concurrent planning;
- Visitation (worker/parent/siblings);
- Supporting supervisors; and,
- Recruitment and retention of resource families, including relative homes.

These key strategies would complement the activities within the PIP and will help shape practice throughout the child welfare continuum. After considering a systemic approach to the key strategies and the activities and timelines outlined in the PIP, the immediate priorities were identified:

- Assistance in developing a supervisory case review tool to be used by supervisors on an ongoing basis to enhance the qualitative and quantitatively aspects of case record review.
- Safety "across the board" technical assistance to enhance safety and risk throughout our entire child welfare practice.
- Enhancing supervisory skills, assisting supervisors in coaching and mentoring staff and providing support.
- Improved family assessments

In addressing the priorities above, these major training and technical assistance initiatives have been implemented:

A supervisors' workgroup, facilitated by NRCOI, addressing the development of a supervisory review tool, clinical supervision, and enhancements and supports for supervisors. This group met four times: June, August, October and November 2005. The workgroup consisted of front line supervisors from each region, a circuit manager, three social work specialists, a QA specialist, a training manager, a co-principal investigator of the Role Demonstration Project from UMC and two CD central office staff.

An extensive Child Welfare Supervision Strategic Plan was developed and presented to the CD's Executive Team in January 2006. The workgroup present the findings of the current state of child welfare supervision and a plan to better

- support supervisors and improve supervision. The plan addresses strategies in 1) supervisor training; 2) supervisor support; 3) casework practice; and 4) management/administrative supervision/communication/community.
- A comprehensive assessment of safety "across the board" by the National Resource Center for Child Protective Services (NRC-CPS). In evaluating the CD's approach to safety, NRC-CPS conducted a thorough review of policy, practice, procedure, information system, staff development, supervision, program management and quality assurance. An observation made was that Missouri is further along than some states in understanding there are salient differences between the concepts of safety and risk in assessing and intervening with children and families. Some of the more distinctive recommendations include:
 - A safety assessment model that forces a decision finding of safe or unsafe instead a model with three findings: safe, conditionally safe, or unsafe.
 - More precise definition of key terms differentiating between safety and risk.
 - Current approach to safety is heavily incident based; instead consider introducing the concepts of present and impending danger.
 - Policy needs to specify that safety is addressed at all key decision points during involvement with the family and at any point where significant changes occur instead of factors fixed in time.
 - Uses both a safety and risk assessment process; asks if safety is sufficiently addressed throughout life of case, is there a need for a risk assessment.
 - Inconsistencies in policy that provide varying expectations of staff in terms of removal and return.
- A Visitation Workgroup to review current policy and practice on visitation through CD's continuum of services. In May 2005, the Visitation work group was convened to review current policy and practice on visitation through CD's continuum of services. After a thorough review, the work group provided recommendations for a comprehensive visitation policy that addresses safety, quality, and purpose of visits, frequency and guidelines. Various visitation forms and checklists were developed. A policy memo will be developed from these recommendations. A TA request was made to NRC- CPS to review the work group's recommendation and provide input regarding visitation.
- The Visitation Workgroup was also charged with addressing child safety issues at and throughout placement. In addition to reviewing policies and practices regarding visitation, the work group addressed safety assurances throughout the division's scope of services. A TA request was made to NRC- CPS to review the work group's recommendation and provide input on safety.

- The CD has been working with the National Resource Center for Family-Centered Practice and Permanency Planning (NRC-FCP&PP) on improving recruitment and retention results. A workgroup has been selected to meet with NCR-FCP&PP for the first on-site meeting during January 2006. The key strategies presented include:
 - Messaging and materials linkage between philosophy, training and practice;
 - Response Take a look at the process;
 - Relationship building between the resource and birth families and resource families and the agency;
 - Data driven activities;
 - Population specific recruitment;
 - Culturally sensitive recruitment; and,
 - Planful partnerships with the community.

Subgroups have formed to address many of the strategies indicated above including: Intake and Materials/Messages; Data: Transfer of information to resource families from worker; Role of resource families in working with birth parents; and Recruitment within existing homes.

Improved Family Assessments

During the past 12 months approximately 30 training sessions were provided throughout the state to introduce the new Family-Centered Services Family Assessment Packet (CD-14). This tool is designed to assist staff in conducting more thorough and comprehensive assessments of family's history, structure and functioning; identifying family strengths, supports and service needs and translating those strengths, supports and service needs into meaningful service plans. A memorandum was distributed to staff in December 2005 introducing the new CD-14 and revisions to related policy and procedures investigation/family assessment response; Family Centered Services family assessment and service planning and Family Centered Out-of-Home Care policy.

Reinforcing Concurrent Planning

Concurrent planning is an approach that requires the participation of both the courts and the CD. Effective concurrent planning requires not only an alternative plan be identified but also active efforts be made toward both plans simultaneously with the full knowledge of all case participants.

From the onset of the partnership between the CD and Office of State Courts Administrator – Judicial Education, the goal of multi-disciplinary training has been to enhance the ability to have high-quality statewide consistency, understanding, and implementation of laws, policies, and procedures among court and CD personnel. While the Comprehensive Child Welfare Conference (held February – May 2005) was

successful, the evaluation report provided by the Institute of Public Policy suggested several items to be considered when developing multi-disciplinary programs in the future including addressing the strained relationships through circuit training with teams composed of juvenile officers, CD staff and judges.

In response to the report, Concurrent Planning is one of the three multidisciplinary programming that is proposed for fiscal year 2006, along with Teamwork, Collaboration and Communication Pilot Program and Courtroom Skills.

Older Youth Issues

The transition into adulthood presents challenges for all young people, but for youth "aging-out", facing adulthood can be a frightening prospect. The CD feels strongly that programs designed to help young people leaving foster care should have specific elements and characteristics. Such programs should:

- Involve them in planning for and making decisions about their own futures;
- Facilitate connections with individuals and institutions (96%) in their Communities;
- Teach young people about managing and saving money; and,
- Making education a priority.

The CD administration has made the decision to utilize private contractors to provide independent living services to older youth ages 14-21. An Older Youth Workgroup consisting of staff from across the state was formed to look at how CD's programs and services are preparing older youth to transition from foster care. The workgroup's review identified multiple moves, lack of consistent adult advocates, lack of educational planning and poor communication as barriers. The workgroup provided three general recommendations and nine specific recommendations for consideration. The general recommendations are:

- Develop Older Youth Transition Action Teams in each county or circuit consisting of community members.
- Utilize a comprehensive Adolescent Family support Team Guide and Individualized Action Plan to assist team members through the FST process addressing specific youth issues.
- Incorporate into the Child Welfare Manual a chapter that is easily accessible and designated to working with older youth.

The specific recommendations are as follow:

- Provide caregiver training and supports
- Transition planning
- Develop a wraparound systems approach
- Education as a significant component in the successful preparation and transition into adulthood

- Continue providing Independent living life skills training
- Utilize the Ansell-Casey Life Skills Assessment
- Providing aftercare service planning prior to the youth leaving state custody
- CD policy and the state's Chafee plan must be congruent
- Develop a formalized means of data collection using the SACWIS system.

The CD will also be accessing technical assistance from the National Child Welfare Resource Center for Youth Development on contracting out older youth services.

Non Child Abuse and Neglect Referrals

The CD is in the beginning stages of looking at re-directing calls that do not meet the statutory definition of child abuse and neglect through the Child Abuse and Neglect Hotline. With limited resources, the CD is trying to make every effort to focus attention and resources on its core functions. Missouri's hotline received more than 107,000 calls in Fiscal Year 2005. Of those calls, 53 percent (nearly 57,000 calls) met the criteria set forth in policy, based on Missouri statutes, for child abuse and neglect.

Approximately 31 percent of the calls to the hotline (nearly 34,000 calls) did not meet the criteria for abuse or neglect and were accepted as non-CA/N referrals. These callers have concerns about children that do not rise to the level of child abuse or neglect and often need referral information for assistance like mental health services, suicide prevention information, etc. These calls include calls from those mandated by state law (Chapter 210 RSMo.) to report concerns to the hotline (classified as M referrals); preventive services referrals (P referrals) that can come from any reporter who believes that an incident, such as a suicide, can be prevented if the child can receive services to help him or her; and non-caretaker referrals (N referrals) involving concerns about the treatment of children by people who do not have care, custody or control of the children, which is required by statute in order for child abuse or neglect to be found. These calls, while important, are not statutorily mandated nor part of the hotline's core function.

Investigations and assessments for child abuse and neglect must be the division's top priority and field staff must be available to work with families where child abuse and neglect is occurring. Under the new protocol, the non-CA/N referrals will be screened to see if they meet the criteria for abuse or neglect. If they do not, the callers will be redirected immediately to local resources. Hotline workers will have a directory of services from around the state and will provide the caller with all information necessary to connect with the local service provider. The new protocol will provide immediate resources to callers and will free up local staff to respond to CA/N reports. This allows resources to be concentrated on actual abuse and neglect reports.

The Supervisory Case Review Tool

One of the key strategies of Missouri's PIP for improving practice and outcomes is training and support for supervisors. Improvement in supervisory capacity to monitor

case planning practice is critical to quality supervision. The division continues to refine the standardized supervisory case review tool (SCRT) that will be used by supervisors to ensure best practice and to assist them in their clinical consultation with their staff. In the past several months, the SCRT has gone through several revisions after field tests. Sampling methodology has been discussed to include recommendations that supervisors will review two hotline cases from each worker each month. For Family Centered Services and Family Centered Out-of-Home case, the tool will be applied to one case from each worker per month. Currently we are working on the automation of the tool. A memorandum will be disseminated to staff explaining the SCRT process when the tool is ready for statewide use. A training plan will be developed to instruct supervisors in the effective use of the tool.

Community Partnerships

Office of State Courts Administrator

The Children's Division (CD) continues to maintain a strong working relationship with the Office of State Courts Administrator (OSCA), the administrative support arm of Missouri's state court system. Through the **Juvenile Court Improvement Project** (JCIP), the Juvenile and Adult Courts Division works closely with CD staff to achieve timely and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of children in permanent homes. JCIP staff work with CD staff to address deficiencies identified in the State's CFSR. CD funds and also assists with the development and presentation of multi-disciplinary training programs, which brings together key stakeholders in the child welfare system, including juvenile and family court judges, juvenile court staff, guardians ad litem, CASA volunteers, and foster parents.

The Missouri Juvenile Justice Information System (MOJJIS) Task Team has worked to develop an information sharing system between OSCA, the juvenile and family court divisions of the circuit courts, and the departments of social services, mental health, elementary and secondary education, and health and senior services.

The MOJJIS Task Team has worked to create a secure electronic process that enables multiple state agencies responsible for services to delinquent and abused/neglected youth to share information and coordinate services. The long-term goal of the endeavor is to improve the assessment, intervention, and tracking of juveniles across agency boundaries throughout the state in order to reduce duplicate services and provide more appropriate treatment/services during a child's contact with one of the above named agencies.

Department of Mental Health (DMH)

With the passage of Senate Bill 1003, in 2004 (the Children's Mental Health Reform Act) the Department of Mental Health (DMH) was directed to partner with other child

serving agencies in developing a plan for a "Comprehensive Children's Mental Health Services System". The CD and the DMH collaborate through the implementation of joint projects in an effort to accomplish a number of goals including the following:

Custody Diversion Protocol

Originally piloted during late 2003 in the 12th and 21st Circuits, the Custody Diversion Protocol has been implemented statewide since January 2005. Its goal is to divert youth from entering CD custody solely for the purpose of accessing needed mental health services.

Through January 2006, a total of 160 youth were referred via the protocol. Of those referred 94% were diverted from entering CD custody and of those, 51% were maintained in the community.

Voluntary Placement Agreement (VPA)

During late 2004, the CD obtained permission from the Department of Health and Human Services' Administration for Children and Families with the approval of an amendment to the state's Title IV-E Plan to offer a Voluntary Placement Agreement to families *referred through the Custody Diversion Protocol* and for whom the Department of Mental Health was recommending that their child required temporary placement out of the home. A VPA allows for such a clinically indicated out of home placement while a parent *retains legal custody* of their child.

The VPA became available for implementation in February 2005. As of February 1, 2006, thirty-eight (38) youth statewide were being served through a VPA.

Senate Bill 1003

With the passage of SB 1003 in 2004, DMH and the CD were charged with examining the population of youth currently in CD custody and identifying those youth whose custody was transferred to the CD solely for the purpose of accessing mental health services. Once identified SB 1003 further directed that recommendations be made to the court so that the child's custody may be returned to the parent.

Working from an initial list of approximately 600 children in CD custody who appeared to meet criteria, Family Support Team (FST) meetings were convened for over 100 children, and recommendations were crafted regarding a return to parental custody. Through July 2005, the court restored parental custody in 38% of the FST recommendations. The court continued children in CD custody in the remaining 62%.

Since the original review process, the CD has identified six youth who have entered CD custody as meeting SB 1003 criteria, five have since returned to the parents' custody. Based on this small number of youth, it appears the Custody Diversion Protocol is working as planned.

Performance Based Contracting (PBC)

The CD believes child welfare services can best be provided through a public/private partnership. While the roles have changed over time, public and private sectors have always been involved with child welfare. House Bill 1453 signed into law in August 2004 requires the CD to enter into contracts with qualified providers for the provision of comprehensive services for the child welfare population and requires contractors to be evaluated on objective, consistent, and performance-based criteria.

CD first met with the private sector to discuss a performance based contracting in February, 2003. Regional meetings were held with stakeholders in January, 2004. Stakeholders included current contracted providers-case management; Intensive-In-Home Services, Family Reunion Family focused residential; courts; advocacy groups; and Division staff. Sub-committee meetings held in February, March, April, and June 2004 focused on provider/personnel qualifications, outcomes, and enrollment.

A Request for Proposal for Performance Based Case Management Services was released in March 2005. This contract is being piloted in the St. Louis, Kansas City, and Springfield regions. Cases were referred in September, 2005 and 1,950 cases were assigned. One thousand two hundred sixty cases were transferred to private contractors in St. Louis region (St. Louis City, St. Louis County, Jefferson, and St. Charles), 480 cases in KC region (Jackson, Andrew/Buchanan, Clay) and 210 cases in Greene County.

CD contracted with the University of Missouri-Columbia (UMC) to assist in caseload assignment. Caseloads were equalized with regards to average age, race, sex, and length of time in care. UMC will complete the independent evaluation after one year of data has been gathered to include outcomes, barriers, successes, and provide recommendations for improvement. Outcomes related to permanency, safety and stability will be monitored on a quarterly basis.

Public/Private Universities

University of Missouri-Columbia

As indicated above, the CD currently partners with UMC through the PBC contract and the Role Demonstration Project for front line supervisors. The University of Kentucky, one of the Quality Improvement Center established by the Department of Health and Human Services Administration for Children and Families provided funds for a three and a half year demonstration and research project. The objectives of this project are to improve clinical competence of front-line supervisors and their workers and to change organizational culture of child welfare treatment services.

Through this project UMC and CD faculty trained 35 supervisors from the St. Louis and Southeast Region to support the work of front-line workers with families. A progressive

professional development curriculum focusing on the supervisor as a clinical practitioner was developed and revised from staff input. In September 2005, a graduation ceremony was held to recognize these supervisors for their accomplishments.

A Child Protective Services Project Advisory Board was convened through a mutual grant with UMC, Prevent Child Abuse Missouri, and CD. In the fall of 2002 the advisory began to meet to oversee the implementation of the project, including curriculum development, research evaluation, and assignment of teaching staff. The advisory has also been charged with developing plans for the final six months of this project. They will be addressing how to gather and evaluate data for the project and deciding on how and to whom to communicate the findings and designing proposal(s) for continued training and implementation steps.

An advisory board will also exist as part of the independent evaluation of the PBC contracts. This evaluation will include qualitative analysis. The advisory board consisting of the Executive Directors from the seven contracted agencies, the CD Interim Director, Deputy Director, the five Regional Coordinators and the project leader, will meet twice per year. It will function to keep public/private sectors informed of the evaluation process and allow for a forum for UMC to bring problems and concerns identified through the evaluation process.

Washington University

The CD and Washington University invited researchers across Missouri to join in a discussion of mutual research interests. The planning conference hosted by Washington University, Center for Mental Health Services Research was held on December 1, 2005. It provided an overview of ongoing research involving CD and the ways in which the CD makes use of research to improve child welfare services. The conference provided an opportunity for collaboration among members of the research community and CD staff. Participants worked together to develop a vision for the partnership and commitment for ongoing communication. Specific objectives included:

- Assisted the CD in identifying key stakeholders;
- Research community to communicate what research is being conducted and its relevance to the CD;
- Provided researchers with a better understanding of the CD's knowledge needs and priorities and how researchers can help.;
- Assisted the CD with how researchers choose what research projects to undertake; and,
- Creating a network to increase communication, disseminate research findings, and integrating finding into CD practice.

UMC has agreed to host a similar conference in the future.

Looking Forward

In the past year, the CD has made much progress in many areas through the PIP and our continuum of child welfare services. We will spend the next year focusing on strategies to achieving those actions and benchmarks that have yet to be addressed, and sustaining the improvements once made. Below are some initiatives that we are undertaking to improve our practice in providing services to children and families.

Improving Supervisory Training and Support

During the past year, the CD has focused on supervision as a strategy for improving practice and outcomes. In the next year, we will be looking beyond norms and the needed cultural shifts to improve training and support for front line supervisors. The Supervision Workgroup through a very specific strategic plan addressed four approaches: Supervision training; Supervision support; Casework practice; and, Management/Administrative supervision/Communication/Community.

In the upcoming year, the CD will address the changes in values and practices to be successful in improving practice and outcomes. These include:

- Moving towards becoming a learning organization; using data at every level to learn what data tells us about practice.
- Recognizing how staff is treated is reflective of how they treat the families they work with.
- Moving towards proactive supervision.
- Valuing and supporting supervision by opening up communication lines, developing supervisory skills, supporting clinical licensure and educational opportunities.

The three and a half year supervisory Role Demonstration and research project with the UMC has been concluded. The results of this collaborative effort are being incorporated into a state-wide training. A meeting of the CD administrative staff including circuit managers, regional directors, field support managers, and supervisor IIIs will be held on March 24, 2006 to brief them on the background of the new curriculum, provide an orientation to the content and philosophy and discuss implementation plans.

Training and Technical Assistance

The CD will continue to request training and technical assistance from several of the National Resource Centers (NRC). In 2006, we anticipate accessing the NRC for Youth Development to assist us in privatizing services for older youth and further advancement of our Culture of Care Initiative; NRC-FCP&PP to help further strengthen our efforts with placement stability and the Collaboration to AdoptUSKids onrecruitment and retention of resource families.

Practice Development Reviews

The Practice Development Reviews (PDR) uses a performance appraisal process to conclude how children and families are benefiting from services. Through the process, strengths and areas needing improvement are identified to achieve improved system performance and strengthened front-line practice. The PDR provides a combination of quantitative and qualitative data that reveal in detail the current status for children and their caregivers and the impact of the of the service system. Each year there are at minimum ten PDR scheduled throughout the state. PDR trainings are held for any staff and community partners who have not, but are interested in participating in a review. The number of trainings scheduled is based on needs in the region.

Practice Enhancement Trainings

The Policy and Program Unit within Central Office is in the process of developing Practice Enhancement Trainings as the result of identified needs in the field. This PowerPoint training scheduled to begin in mid March will target those circuits with specific needs relating to FCS and SDM policy and procedures, child fatalities, quality of home visits and other practice concerns. The PowerPoint will be available to the circuits to provide subsequent trainings to all new and existing staff.

Statewide Automated Child Welfare Information Systems (SACWIS) & Family and Children's Electronic System (FACES)

The intent for establishing requirements for the development of an automated case management system is to provide child welfare staff with an improved automated tool that will reduce or eliminate paper processes, redundant data entry, manual processes, and many other time consuming administrative processes. The CD is committed to SACWIS development to benefit Missouri's families and staff. FACES is Missouri respond to SACWIS requirements.

Investigation and Assessment

The design for Investigation & Assessment has been completed. The new system has undergone extensive testing, including User Acceptance testing. Training and implementation occurred in one circuit during the months of January and February 2006. Statewide implementation is scheduled to occur during the months of March through May 2006. Statewide systems training and conversion of legacy data will occur March 2006 through May 2006. CA/N legacy system will be retired after statewide conversion.

Case Management

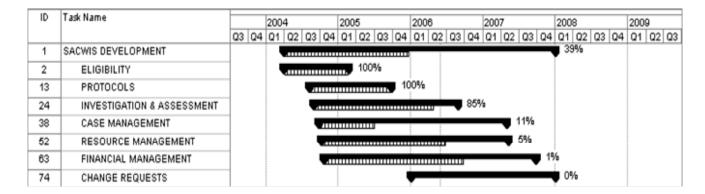
CD staff statewide is assisting in information gathering for the business requirements for case management. Walk-through sessions have been held with the user group to

confirm the accuracy and completeness of the documented business requirements. Drafting of the design has started. Beginning in November 2005, monthly meetings were held and will continue March 2006 to walk through the proposed system functionality to help ensure the designed automation will meet the needs of CD staff with case management responsibility.

There will be continued analysis and design efforts through April 2006. Design walkthroughs will be conducted and user sign-off will be obtained. Programming will occur February 2006 through July 2006. Application testing, regression testing and User Acceptance Testing will occur July 2006 through August 2006 with pilot implementation/conversion in September 2006 and statewide conversion to follow into 2007. Systems training will be conducted immediately prior to conversion of each Circuit.

Resource Management & Financial Management

Business requirement gathering will begin in July 2006, with analysis and design efforts to follow and continue into 2007.



Conclusion

As the CD enters in the second year of the PIP, we are busy working on activities to complete all the action steps and pass the data measures. For those measures that we have not yet reached our goals, we are continuing to track and analyze the data. Finally, we have made major advances in several key areas over the last year and anticipate addressing many priorities including but not limited to: addressing placement stability; updating our safety and risk assessment, holding timely Family Support Team /Permanency Planning Review meetings and increasing the number of children placed with relatives.

Children's Bureau Child and Family Services Reviews IV. Program Improvement Plan Matrix (PIP Matrix)

State: _	Missouri		ACF	Regional Office:		
State con	tact and telephone:	Lee Temmen, 573-526-3735	Region I	Region IV	X Region VII	Region X
ACF Cor	ntact and telephone:	Ann Burds, 816 426-2260	- Region II	Region V	Region VIII	
Date and	quarter submitted:	January 28, 2005	Region III	Region VI	Region IX	
			 '			

A = Achieved N/A = Not Achieved

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System	ic Fact	tors and	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin Conformity	g to No	n-	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
Safety Outcome S1: .								
Item 1: Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004) Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement. Progress to be tracked quarterly over two year period from CD Outcomes Report).		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected- Dec 2006 Actual-
				S1.1.1 Clarify policy regarding timeliness of		S1.1.1.a Refined definition of "initiating" reports.	P-Mar 05 Actual-	

		Program Improv	ement Implementa	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement	retion steps	Wicusarement		Benchmark	Goal
A N/A						
		initiating reports of		S1.1.1.b Policy clarified regarding	P- Mar 05	
		child maltreatment.		multi disciplinary team contact.		
				S1.1.1.c Policy clarified regarding face-	P-Mar 05	
		Kathryn Sapp		to-face contact and determining safety of the child.	A-	
			Policy issuance	S1.1.1.d Policy disseminated to all CD	P-Mar 05	1
				staff.	A-	
		S1.1.2 Increase		S.1.1.2.a Data system entry guidelines	P-Aug 05	
		accuracy of data		clarified for "initial contact".	A-	
	regard contact Kathr			S.1.1.2.b As determined, if needed by	P-Feb 06	
				policy clarification, additional systems	A-	
				entry codes developed to capture		
				accurate data.		
			PRR revised	S1.1.2.c Revised Peer Record review	P-Sept 05	
				questions to assess accuracy of coding.	A-	
			Quarterly PRR	S1.1.2.d Circuit Managers and the	P-Ongoing	
			results	assisting QA specialists monitor	quarterly	
				quarterly Peer Record results and make	A-Ongoing	
				recommendations for improvements.	quarterly	
		S1.1.3 Study feasibility	Demographic	S1.1.3.a CD/FSD assessed	P-Apr 04	
		for alternative protocols	data	demographics for non CA/N referrals.	A-Apr 04	
		for managing non	Protocol written	S1.1.3.b Protocol written for screening	P-May 04	
		CA/N referrals		and assigning non CA/N referrals for	A-May 04	
		Virginia I auria Drunk		test sites in Jackson, Clay and Platte		
		Virginia Lewis-Brunk	Training agas 4s	Counties. S1.1.3.c Training provided to CD/FSD	P-May 04	
			Training agenda	workers and supervisors regarding new	A-May 04	
				protocol for testing.	A-May 04	
				S1.1.3.d Launched a non CA/N referral	P-Jul 04	
				alternate response process in Jackson,	A-Jul 04	
				Clay and Platte Counties.	11 301 07	
			Pilot data	S1.1.3.e Convened workgroup to	P-Jan 05	
				evaluate CD/FSD pilot for non CA/N	A-	
				referrals.		
			Recommendatio	S1.1.3.f Workgroup to provide	P-Apr 05	
			ns report	recommendations for modifications of	•	
			_	non CA/N referral protocol and test	A-	
				sites continuations.		

		Program Improv	ement Implementa	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors a Item(s) Contributing to Non-	nnd Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement				Benchmark	Goal
A N/	A					
			Recommendatio	S1.1.3.g Recommendation plans	P-Jun 05	
			n Plan	finalized.	A-	
			Implementation	S1.1.3.h Implementation plans finalized	P-Aug 05	
			plan	to implement in target areas.	A-	
		S1.1.4 Develop	Circuit self-	S1.1.4.a Circuit level assessment to	P-Oct 04	
		improvement plan to respond timely to	assessments	evaluate CA/N response completed.	A-Oct 04	
			Established	S1.1.4.b Local protocol for CA/N	P-Mar 05	
			protocol	response established.	A-	
			Implemented	S1.1.4.c Implemented local protocol for	P-Apr 05	
			protocol	improvement of maltreatment.	A-	
				S1.1.4.d Monitored the improved	P-July 05	
				timeliness of initial child contact.	A-	
		S1.1.5 Call	Protocols	S1.1.5.a Began development of SDM	P-Dec 03	
		Management and Structured Decision	developed	and Call Management protocols for CA/N HU.	A- Dec 03	
		Making (SDM)		S1.1.5.b Incorporated SDM and Call	P-Apr 04	
		Protocols Implemented		management protocols into CA/N HU	1 -Apr 04	
		at the Child Abuse and		process.	A-Apr 04	
		Neglect Hotline Unit	Training agenda	S1.1.5.c Remaining CA/N HU staff	P-Aug 04	
		(CA/N HU) to provide	Truming agonau	trained on protocols and using call	1 1148 0 .	
		consistent screening		management system.	A-Aug 04	
		and classification of	CA/N HU	S1.1.5.d CA/N HU Supervisory	P-Sept 05	
		calls received.	Supervisory	Review tool developed to assess	1	
			Review Tool	quality.	A-	
		Charlotte Gooch	developed			
			_	S1.1.5.e CA/N Hotline protocols	P-Sept 05	
				automated.	A-	
			PRR revision	S1.1.5.f Added CA/N HU section to the	P-Sept 05	
				Peer Record Review tool.	A-	
			PRR tool	S1.1.5.g Collected and analyzed PRR	P-Jan 2006	
			analysis. On	tool results for practice enhancements.	Ongoing	
			going data	Analysis.	Quarterly	
			collected and		A-	
			reviewed			
			quarterly.			

				Program Improv	ement Implementa	ition		
1			2	3	4	5	6	7
Outcome or System	ic Fact	ors and	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	n-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Deficilitation	Goai
	A	N/A						
Item 2: Repeat		X	CA/N Recidivism					P-Dec 2006
maltreatment			Nat'l Standard					
			6.1 % or less					
Recurrence of			MO FFY 2003					A-
Maltreatment:			NCANDS					
Of all children			Baseline 8.3%					
who were victims			Daseille 8.5%					
of a substantiated			NCANDS Goal 7.4%					
or indicated			(Based on Federal					
maltreatment			formula for goal					
report in the first			setting					
six months of the			seems					
fiscal year, what								
percent were								
victims of another								
substantiated or								
indicated report								
within a 6 month								
period								
				S1.2.1 Ensure	PRR revision	S1.2.1.a Incorporated SDM safety and	P-Jan 04	
				consistent and accurate		risk assessment questions into Peer	A T 04	
				completion of SDM	Tueinine	Record Review Tool.	A-Jan 04	<u> </u>
				safety and risk assessment.	Training curriculum	S1.2.1.b Modified BASIC training curriculum and ongoing training	P-Feb 04	
				assessment.	Carriculatii	curriculum and ongoing training curriculum based on PRR results.	A-Feb 04	
				Kathryn Sapp	Training agenda	S1.2.1.c Conducted initial in-service	P-Jun 04	-
					Training agonda	training with CD and court staff.	A-Jun 04	
					Evaluation	S1.2.1.d Evaluated SDM Peer Record	P & A-On-	1
					Report	Review Outcomes.	going &	
							quarterly	
					In-service	S1.2.1.e Convene workgroup to finalize	P-Feb 05	
					training agenda	SDM review tool and instruction to		
						field.	A-	
						S1.2.1.f Instruct field staff to review	P-Apr 05	
						10% of cases using SDM review tool.	A-	
						S1.2.1.g Evaluate results of review,	P-Jul 05	
						identify circuits whose needs are more		
						imminent for the training.	A-	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Conformity			Improvement				Benchmark	Goal
	A	N/A						
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-	
Incidence of Child Abuse and/or Neglect in Foster Care: Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff			CA/N in AC Nat'1 Standard 0.57% or less MO FFY 2003 NCANDS Baseline 0.37% Goal Achieved					P-Dec 2006 A-
members?				S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process. Cindy Wilkinson	Training agenda Training agenda Evaluation report Modified curriculum Submission of expansion and training plan	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene. S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City. S1.2.2.c In-house expertise developed for training S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection S1.2.2.e Strengths in summary and CSE curriculum identified by statewide committee. S1.2.2.f Strengths in summary and CSE curriculum incorporated into policy and practice through policy memo and localized training.	P-Jul 04 A-Jul 04 P-Jul 04 A-Jul 04 P-Dec 04 A-Dec 04 P-Mar 05 A- P-Aug 05 A- P-Jan 06 A-	

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				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5		Improvement				Benchmark	Goal
	A	N/A						
				S1.2.3 Strengthen policy regarding assessment of safety at	Policy developed	S1.2.3.a Developed policy regarding assessment of safety at and throughout placement.	P-May 05 A-	
				and throughout placement. Cindy Wilkinson	Policy disseminated	S1.2.3.b Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight.	P-June 05 A-	
				S1.2.4 Practice Enhancement Teams		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-	
				(PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N	Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-	
					Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-	
				in foster care. Bonnie Washeck	List of strategies	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05 A-	
					Program improvement plans developed	S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	P-Aug 05 A-	
				S1.2.5. Strengthen policy and practice relating to chronic neglect and	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-June 04	
				accumulation of harm. Kathryn Sapp	Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-	
						S1.2.5.d System enhancements for tracking/monitoring developed.	P-Jul 05 A-	
						S1.2.5.e Three pilot sites selected (Jasper, Jefferson and Randolph counties) based on negotiations with Federal partners.	P-July 05 A-	

				Program Impr	ovement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing Conformity	g to No	n-	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
					Training agenda	S1.2.5.f Pilot sites trained by FCS	P-Jul 05	
						consultants.	A-	
						S1.2.5.g Initiated pilots.	P-Aug 05 A-	
					Evaluation report	S1.2.5.h University of Missouri	P-Feb 06	
						evaluated effectiveness of pilot sites		
						based on waiver approval.	A-	
					Outcome data	S1.2.5.i Based on results determined statewide applicability.	P-Mar 06 A-	
					Expansion plan	S1.2.5.j Developed state expansion	P-Apr 06	
					developed	plan.	A-	
						S1.2.5.k Expansion sites initiated.	P-Sept 06	
				G1.2.6.D. 1	7	G1.2.6. I	A-	
				S1.2.6 Develop performance-based contract for foster parents	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-	
						S1.2.6.b Identified the performance	P-Aug 05	
				Bonnie Washeck		based criteria required for the PFDP.	ongoing A-	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and	P-Feb 06	
						how to assist family in developing and implementing the plan.	A-	
						S1.2.6.f Identified resources for foster	P-Mar 06	
						families to use to successfully implement PFDP.	A-	
						S1.2.6.g Initiated PFDP for all new and	P-May 06	
						reassessed foster parents.	A-	
Safety Outcome S2:								

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Conformity	8		Improvement				Benchmark	Goal
	A	N/A						
Item 3: Services to family to protect child(ren) in home and prevent removal		X	Baseline 80.4% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Peer Record Review (PRR) IV-15 Rating of the overall quality of the service plan and service delivery			P-Dec 2006 A-
			improvement.)	S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns (to be completed concurrently with S2.3.2) Kathryn Sapp	Draft of CD-14 Evaluation report Revised CD-14 Policy issuance Training	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2. S2.3.1.b CD-14 family assessment tool field test expanded to other sites. S2.3.1.c Results of field test evaluated and analyzed by staff and work group. S2.3.1.d Revised CD-14 as needed. S2.3.1.e Recommendations regarding changes made. S2.3.1.f Policy issued with new documents and instructions. S2.3.1.g Training of existing staff completed. S2.3.1.h Incorporated changes into BASIC training.	P-Sep 04 A-Sep 04 P-May 05 A- P-Jun 05 A- P-Jul 05 A- P-Got 05 A- P-Jan 06 A- P-Jan 06 A- P-Jan 06 A-	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative	Supplemental Supervisory Training	S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs. S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Aug 04 A-Aug 04 P-Oct 04 A-Oct 04	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Systems Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A	chievement
Conformity	3 10 140	/11-	Improvement	Action Steps	Weasurement		Benchmark	Goal
	A	N/A						
				care provider) and child involvement in case assessment, plan development and	Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-	
				reassessment. Bonnie Washeck		S2.3.2.d Twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually A-	
				S2.3.3 Improve supervisory capacity to		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-	
				monitor enhanced practice relating to case	Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-	
				planning.		S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-	
				Bonnie Washeck	Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 A-	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06	
				S2.3.4 Establish procedures to access		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-	
				various service funding streams. Bonnie Washeck	Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 110	.11	Improvement	riction steps	TVICUS GI CITICITE		Benchmark	Goal
	A	N/A						
				S2.3.5. Per new legislation, develop		S2.3.5.a Barriers identified for children needing mental health services.	P-Jan 05 A-	
				state comprehensive children's mental health plan to increase level of		S2.3.5.b Funding mechanisms established for providing mental health services.	P-Jan 05 A-	
				cooperation between court, mental health, child welfare and	Coordination plan	S2.3.5.c Plan developed for coordination of resources from multiple agencies.	P-Jan 05	
				families.		S2.3.5.d Evaluation methodology established.	P-Jan 05 A-	
				Jim Harrison	Report submission	S2.3.5.e Report with recommendations submitted to legislators and governor.	P-Jan 05 A-	
Item 4: Risk of		X	Baseline 89.4%		PRR IV-13	business to registators and governor.		P-Dec 2006
harm to child(ren)			Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		Services being provided to the family are adequate to meet their needs as identified in the assessment.			A-
				S2.4.1 Ensure	SDM Review	S2.4.1.a See S1.2.1.a		
				consistent and accurate completion of SDM	Tool	S2.4.1.b See S1.2.1.b		
				safety and risk		S2.4.1.c See S1.2.1.c		
				assessment.		S2.4.1.d See S1.2.1.d		
				C: 1 W'II :		S2.4.1.e See S1.2.1.e		
				Cindy Wilkinson		S2.4.1.f See S1.2.1.f]	
						S2.4.1.g See S1.2.1.g]	
				S2.4.2 Implementation		S2.4.2.a See to S1.2.2.a		
				of "Confirming Safe		S2.4.2.b See to S1.2.2.b		
				Environments" process.		S2.4.2.c See to S1.2.2.c		
				Cindy Wilkinson		S2.4.2.d See to S1.2.2.d		
						\$2.4.2.e See to \$1.2.2.e	-	
						S2.4.2.f See to S1.2.2.f S2.4.2.g See to S1.2.2.g	-	
	<u> </u>			l .		32.7.2.g See to \$1.2.2.g	1	1

	Program Improvement Implementation							
1			2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	7 Cuon Steps	ivicusurement		Benchmark	Goal
	A	N/A						
				S2.4.3 Implement enhanced background screening for	Policy disseminated	S2.4.3.a Policy for enhanced background screening implemented statewide.	P-Aug 04 A-Aug 04	
				foster/kinship and court ordered providers. Cindy Wilkinson		S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 ongoing A-Aug 04 ongoing	
						S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
				S2.4.4 Development of "Culture of Care	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to	P-Jan 04	
				Initiative" for		develop curriculum.	A-Jan 04	
				improving safety and nurturance of children	Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
				in a residential care		S2.4.4.c Curriculum approved by CD	P-May 04	
				setting.		administration.	A-May 04	
				Fred Proebsting		S2.4.4.d Roundtables held with CEO's to discuss curriculum.	P-Jul 04 A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis	P-Aug 04	
						for residential licensed providers.	A-Aug 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
				S2.4.5 Improve family assessment and case plan tools to better link		S2.4.5.a See S2.3.1.a S2.4.5.b See S2.3.1.b S2.4.5.c See S2.3.1.c		
				service provision to the needs of the family		S2.4.5.d See S2.3.1.d		
				identified in the initial		S2.4.5.e See S2.3.1.e S2.4.5.f See S2.3.1.f		
				and ongoing		S2.4.5.g See S2.3.1.g		

				Program Improv	ement Implementa	ition		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Conformity	C		Improvement	1			Benchmark	Goal
	A	N/A						
				assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.		S2.4.5.h See S2.3.1.h		
Permanency Outcome 1		X						
Item 5	X		Passed CFSR On-site review and 2002 AFCARS					
Item 6: Stability of foster care placement		X	Stability in foster care Nat'l Standard 86.7% or more MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting)			Di Ci a Laciana da cara	D.M. 05	P-Dec 2006 A-
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types. Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non-related, Not licensed 3) Kin, Non-related, Licensed. P1.6.1.b Coding changes in Legacy completed.	P-Mar 05 A- P-May 05 A-	
					Policy disseminated Data converted	P1.6.1.c Policy updated and distributed to CD staff. P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Aug 05 A- P-Dec 05 A-	
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Apr 06 A-	

				Program Improv	ement Implementa	ntion		
1			2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	10110		Improvement	retion steps	Wedstrement		Benchmark	Goal
	A	N/A						
				P1.6.2 Improve diligent search for relatives/missing		P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Jul 04 A-Jul 04	
				parents. Bonnie Washeck	Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored through supervisory oversight.	P-Aug 04 A-Aug 04	
				Bonnie Washeck		P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	P-Mar 05	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05 A-	
				P1.6.3 Expand use of family support team meetings to promote	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an	P-Aug 04	
				stability in alternative care placements		impending move. P1.6.3.b Made ACTS system changes to track FSTs held prior to or	A-Aug 04 P-Aug 04	_
				Kathryn Sapp		immediately after a move.	A-Aug 04	
				Cindy Wilkinson		P1.6.3.c Central Office staff provided training to regional staff on HB 1453	P-Aug 04	
						requirements	A-Aug 04	
						P1.6.3.d Regional staff provided localized training to existing staff on	P-Sep 04	
						HB 1453 requirement	A-Sep 04	
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04	
							A-Dec 04	
				I	PRR	P1.6.3.f Updated PRR to assure preplacement FSTs.	P-Feb 05 A-	
				P1.6.4 Identify resource family types and	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to	P-Mar 05	
				shortages		determine resource family needs.	A-	

		Program Improv	ement Implementa	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement	riction steps	Wedsarement		Benchmark	Goal
A N/A						
		Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	P-May 05 A-	
		P1.6.5 Increase number of resource families	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Jun 04 A-Jun 04	
		Cindy Wilkinson	Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Jul 04 A-Jul 04	
			Request for Proposal	P1.6.5.c RFP written for performance based resource development contracts included the need for recruitment of resource homes to match our special	P-Dec 04 A-Dec 04	
			Award letters	needs population. P1.6.5.d Awarded recruitment and resource development contracts.	P-Mar 05 A-	
			Circuit data	P1.6.5.e Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Apr 05	
		P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06	
		Cindy Wilkinson	Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06	
				P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06	
			Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06 A-	
				P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Conformity	0		Improvement				Benchmark	Goal
	A	N/A						
				P1.6.7 Evaluate support and training provided for relative/kinship resource families	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05	
				Cindy Wilkinson	Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-	
				Jeff Adams	Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06	
Item 7: Permanency goal for child		X	Baseline 85.9% Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006 A-
				P1.7.1 Ensure the frequency and timeliness of Family	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
				Support Team Meetings occurs per policy	Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-	
				Kathryn Sapp Cindy Wilkinson	Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure	Dellar de de de	P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
				permanency goal is reviewed and established	Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Sep 04	
				Kathryn Sapp	Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Sep 04	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5		Improvement				Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05	
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 A-	
				P1.7. 3 Strengthen policy and practice relating to concurrent planning.	Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05	
						P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05 A-	
					Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05 A-	
				Cindy Wilkinson	Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-	
				P1.7.4 Increase collaboration with	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
				courts by providing cross training to judiciary, court staff,		P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	
				GALs and Children's		P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04	
				consistent with state and federal regulations. Cindy Wilkinson	Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
					Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- June 04 ongoing twice per	
							year	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	n-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benefillark	Goar
	A	N/A						
Item 8:		X	Reunification					P-Dec 2006
Reunification,			Nat'l Standard					
guardianship, or			76.2% or more					A-
permanent			3.60 EFF. 2002					
placement with			MO FFY 2003					
relatives.			AFCARS					
			Baseline 59.8%					
			AFCARS Goal					
			62.2% (Based on					
			Federal formula for					
			goal setting).	permanency and				
			gour setting).		Data reports	P1.8.1.a Prepared data on legal status 2,	P-Dec 04	
					· F · ·	3, and 4 children.	A-Dec 04	
					Workgroup	P1.8.1.b Developed workgroup to	P-Feb 05	
				children in Legal Status	member list	examine legal status 2, 3, and 4		
				2, 3, and 4		children (include in workgroup OSCA,	A-	
						CD, and metro sites).		
				Bonnie Washeck	Case review	P1.8.1.c Conducted special case	P-Apr 05	
					results report	reviews on legal status 2, 3, and 4		
						cases.	A-	
					Summary of	P1.8.1.d CD met with DLS and OSCA	P-Apr 05	
					meeting	to determine legal obligations related to		
					decisions	legal status 2, 3, and 4 children.	A-	
						P1.8.1.e Revise AFCARS population if	P-Apr 05	
					D . 1	necessary.	A-	
					Protocol	P1.8.1.f Developed policy and protocol	P-July 05	
					developed	on worker duties related to legal status 2, 3, and 4 cases.	_	
					Comparison data	P1.8.1.g Caseload analysis (comparison	A- P-Sept 05	
					Comparison data	to LS1) completed Legal status 2, 3,	r-sept 03	
						and 4.	A-	
				D	PRR	P1.8.1.h Incorporated Legal status 2, 3,	P-Oct 05	
						and 4 cases into established Peer	1 351 03	
						Record Review process.	A-	
				P1.8.2 Establish		P1.8.2.a See S2.3.4.a.		

				Program Improve	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	10 110	,11	Improvement	retion Steps	Wiedsdreinent			Goal
	A	N/A						
				procedures to access various service funding streams.		P1.8.2.b See S2.3.4.b.		
				Bonnie Washeck				
				P1.8.3 Ensure		P1.8.3.a See P1.7.1.a		
				frequency and		P1.8.3.b See P1.7.1.b		
				timeliness of Family Support Team Meetings occurs per policy.		P1.8.3.c See P1.7.1.c		
				Kathryn Sapp Cindy Wilkinson				
				P1.8.4 Improve quality		P1.8.4.a See P1.7.2.a		
				of Family Support		P1.8.4.b See P1.7.2.b		
				Teams to assure the		P1.8.4.c See P1.7.2.c		
				review of permanency		P1.8.4.d See P1.7.2.d		
				goal.		P1.8.4.e See P1.7.2.e		
				W 41 G		P1.8.4.f See P1.7.2.f		
				Kathryn Sapp		P1.8.4.g See P1.7.2.g		
				Cindy Wilkinson		P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase		P1.8.5.a See P1.7.4.a		
				collaboration with		P1.8.5.b See P1.7.4.b		
				courts by providing		P1.8.5.c See P1.7.4.c		
				cross training to new		P1.8.5.d See P1.7.4.d		
				judiciary, court staff, Children's Division		P1.8.5.e See P1.7.4.e		
				staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations		P1.8.5.f See P1.7.4.f		
				Cindy Wilkinson				
	-			P1.8.6 Increase	Contract	P1.8.6.a Contract developed to provide	P-Apr 04	
				collaboration with	developed	training.	A-Apr 04	
				courts by providing cross training to	Meeting minutes	P1.8.6.b Meeting held to discuss roles and responsibilities of CD and Juvenile	P-Dec 04	
				judiciary, court staff,		Officers.	A-Dec 04	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Systems Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 110	, ii	Improvement	retion steps	1,10asaromon		-	Goal
	Α	N/A	1					
				GAL's and Children's Division staff regarding roles and responsibilities.	Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	, i	
				Cindy Wilkinson P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.		
				to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite	Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	A-	
						P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.		
				guardianship.		P1.8.7.d Proposal finalized and presented to Department for legislative	P-Mar 05	
				Jim Harrison P1.8.8 Determined policy remedy to be used in addition or in		change. P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with		
				lieu of any legislative change referred in P1.8.7.		relatives in CD custody. P1.8.8.b See P1.6.1a	A-	
				Jim Harrison		P1.8.8.c SeeP1.6.1b P1.8.8.d See P1.6.1c		
				Lesley Pettit		P1.8.8.e See P1.6.1d P1.8.8.f See P1.6.1e		-
Item 9: Adoption	X		Adoption Nat'l Standard 32% or more					P- Dec 2006 A-
			MO FFY 2003 AFCARS Baseline 38.5% Goal achieved					
				P1.9.1 Termination of Parental Rights will be	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-	

				Program Improve	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing to			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A	chievement
Conformity	0 110	11-	Improvement	Action Steps	Wieasurement		Benchmark	Goal
l A	A	N/A						
				filed in a timely manner, except when compelling reasons are documented.	Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-	
			Cindy Wilkinson Kathryn Sapp		Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-	
						P1.9.1.d Incorporated into BASIC training.	P-Jun 05 A-	
					Policy disseminated	P1.9.1.e Policy disseminated to staff and supervisory oversight	P-Aug 05 A-	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
					P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-		
				P1.9.2 Increase number of resource families.	Performance based contracts and outcome	P1.9.2.a See P1.6.5.a P1.9.2.b See P1.6.5.b P1.9.2.c See P1.6.5.c	-	
				Cindy Wilkinson	reports	P1.9.2.d See P1.6.5.d P1.9.2.e See P1.6.5.e	-	
				P1.9.3 Increase capacity to conduct home studies	Request for Proposal	P1.9.3.a RFP written for performance based development contracts.	P-Sep 04 A-Sep 04	
				and finalize adoptions. Cindy Wilkinson	Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized	P-Mar 05	
					Award letters	adoptions. P1.9.3.c Awarded performance based permanency and resource development	P-Mar 05	
						contracts.	A-	
				2	Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per	P-Jul 05	
				Di o i i		available resources.	A-	
				P1.9.4 Improve access		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
				to legal representation for CD staff		P1.9.4.b Additional attorneys hired and	P-Sep 04	
						placed.	A-Sep 04	

				Program Improv	ement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 110	,11	Improvement	redon steps	Wiedsdreinent		Benchmark	Goal
	A	N/A						
				Fred Simmens		P1.9.4.c DLS & Law Schools identified funding sources for expansion of law school cooperative program. P1.9.4.d DLS & Law schools requested funding program.	P-Mar 05 A- P-Mar 05 A-	
					Establish workgroup	P1.9.4.e CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-	
						P1.9.4.f CD/DLS contacted law schools in St. Louis to assess interest in expanding the existing cooperative program.	P-Apr 05	
					Develop draft protocol	P1.9.4.g Draft Protocol developed.	P-Apr 05 A-	
						P1.9.4.h Protocols adopted.	P-May 05 A-	
					Committee monitoring	P1.9.4.i CD legal representation at court hearings monitored by CD/DLS	P-July 05	
Item 10: Other		X	Baseline 63.3%		report PRR V-22	joint committee for improvement.	A-	P-Dec 2006
planned living arrangement			Goal 66.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)	D1 10 1 In arrange	Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.) PRR V-21 Youth 16 or over, are participating in or have completed ILP classes	D1 10 1 a Cas D1 6 5 a		A-
				P1.10.1 Increase number and quality of		P1.10.1.a See P1.6.5.a P1.10.1.b See P1.6.5.b		
				resource families for older youth		P1.10.1.c See P1.6.5.c		
				older youtil		P1.10.1.d See P1.6.5.d		

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Systems Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	,		Improvement				Benchmark	Goal
·	A	N/A	·					
				Cindy Wilkinson		P1.10.1.e See P1.6.5.e		
				Cindy Wilkinson	Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	P-Jun 05 A-	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	P-Sep 05	_
				P1.10.2 Increase awareness of Chafee program services to staff and community members	Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher Program through distributing information material to secondary and higher education programs	P-Jan 2004 A-Jan 2004	
				Cindy Wilkinson	Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 annually	
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies.	P- Mar 04 Ongoing A-Mar 04 Ongoing	
					Write and disseminated memo	P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age	P-May 05	-
					Distributed ETV poster	appropriate youth for Chafee services. P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05	_
				P1.10.3 Increase program accessibility to provide life skills	Implement Pre- ILP Training curriculum	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum for youth 14-15.	P-June 04 A- June 04	
				training services for older youth	Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual	P-July 04 annually	1

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	C		Improvement	1			Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		youth empowerment conference	A-July 04 annually	
					SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendation s	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05	
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker positions	P-Feb 05	
					CD memo	P1.10.3.f CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services	P-May 05 A-	
Permanency Outcome P2:								
Item 11: Proximity of foster care placement	X							
Item 12: Placement with siblings		X	Baseline 85.6 Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
	Outcome or Systemic Factors and Item(s) Contributing to Non-		Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
Conformity		Improvement	Tietion Steps	TVICUS GI CITICITE		Benchmark	Goal	
	A	N/A						
				P2.12.1 Increase the number of siblings placed together	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04 A-Aug 04	
				Kathryn Sapp	Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	P-Aug 04 A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Feb 05 Ongoing Quarterly A-	
					Administrative review developed	P2.12.1.d Developed administrative process to review cases after siblings are separated after 30 days.	P-Nov 05 A-	
				P2.12.2 Develop an ongoing training module regarding sibling placements for		P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling	P-Nov 05	
				staff, foster parents, and juvenile court staff. Jeff Adams		rivalries incorporated into foster parent training. P2.12.2.b See P1.7.4.a		
				00111000000		P2.12.2.c See P1.7.4.b P2.12.2.d See P1.7.4.c P2.12.2.e See P1.7.4.d P2.12.2.f See P1.7.4.e		
						P2.12.2.1 See F1.7.4.6 P2.12.2.g See P1.7.4.f	-	
					Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of	P-May 06	
						visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	A-	
				P2.12.3 Increase capacity for resource families that accept sibling groups. Cindy Wilkinson		P2.12.3.a See P1.6.5.a P2.12.3.b See P1.6.5.b P2.12.3.c See P1.6.5.c P2.12.3.d See P1.6.5.d		
				Chiay Wikinson		P2.12.3.e See P1.6.5.e		

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
	Outcome or Systemic Factors and		Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of Achievement	
Item(s) Contributing to Non-		Measure/Percent of	Action Steps	Measurement		Benchmark	Goal	
Conformity			Improvement					
	A	N/A						
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 % Goal 90.3% (Goal established is calculated by taking the average of 8		Parents visits monitored through PRR Question V-13. There is a current visitation			P-Dec 2006 A-
			quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		plan in place to facilitate reunification.			
			Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance		Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together			
			in 2003 and 2004 and adding 5% of the average to measure improvement).		or there is ongoing visitation.			
				P2.13.1 Increase frequency and quality of parent/child and	Policy revision	P2.13.1.a Revised policy to improve qualitative and quantitative visitation plan requirements.	P-Aug 05 A-	
				sibling visits. Cindy Wilkinson		P2.13.1.b Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Sept 05	
					PRR	P2.13.1.c Incorporated revisions into PRR tool.	P-Sept 05 A-	
					Quarterly data reports	P2.13.1.d Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 05	
					Practice improvement plans developed	P2.13.1.e Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 05	

				Program Improv	ement Implementa	tion		
1 2				3	4	5	6	7
Outcome or Syste Item(s) Contribut			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
					Revised policy and training module	P2.13.1.f Policy revision incorporated and staff training began: Advanced FCOOHC In-Service training module.	P-May 06 A-	
Item 14: Preserving connections		X	Baseline 23.3% Goal 25.6% Baseline 83% Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Relative Placement CD-Outcomes #17 Increase the number of children placed with relative provider PRR V-1 Consideration was given to relatives or kin for placement.	PCOOPIC III-Service training module.	A	P-Dec 2006 A-
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care. Kathryn Sapp	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation. P2.14.1.b Submitted evaluation recommendations to administration. P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-May 05 A- P-July 05 A- P-Aug 05 A-	
				P2.14.2 Improve diligent search for relatives/missing parents Bonnie Washeck P2.14.3 Revise ICWA	State plan developed Policy revision	P2.14.1.d Develop state plan to address preserving connections. P2.14.2.a See P1.6.2.a P2.14.2.b See P1.6.2.b P2.14.2.c See P1.6.2.c P2.14.2.d See P1.6.2.d P2.14.3.a Revised ICWA policy to	P-Oct 05 A- P-Aug 04	
				policy	rolley fevision	reflect best practice standards.	A-Aug 04	

		Program Impro	vement Implementa	ation		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement	Trough Steps	1,1048,0101110110		Benchmark	Goal
A N/A						
		Cindy Wilkinson Kathryn Sapp	CPS-1 CD-14 Policy disseminated PRR PRR quarterly	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools. P2.14.3.c Newly revised intake & assessment disseminated to all CD staff. P2.14.3.d Add ICWA question to Peer Record Review tool. P2.14.3.e Establish a baseline for	P-May 05 A- P-Aug 05 A- P-Sept 05 A- P-Sept 05	
					_	
Item 15: Relative placement X	Baseline25.9% Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement). Progress to be tracked quarterly over two year period from CD Outcomes Report Baseline 83.0% (derived from average of 8 quarters PRR data in FY 2003 and 2004) Goal 87.2% (Goal established is calculated by taking the average of 8 quarters performance		data reports Relative Placement monitored through the number of children placed with relative provider in legal status 1-4 Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement	ICWA for Peer Record.	A-	P-Dec 2006 A-

				Program Improv	ement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated	Action Stans	Method of	Benchmarks Toward Achieving Goal	Dates of Achievement	
Item(s) Contributing Conformity	•		Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
			in 2003 and 2004 and adding 5% of the average to measure improvement).					
				P2.15.1 Increase system		P2.15.1.a See P1.6.1.a		
				capacity to accurately		P2.15.1.b See P1.6.1.b		
				track placement kinship		P2.15.1.c See P1.6.1.c		
				vendor types.		P2.15.1.d See P1.6.1.d		
				Lesley Pettit		P2.15.1.e See P1.6.1.e		
				P2.15.2 Improve		P2.15.2.a See P1.6.2 a		
				diligent search for		P2.15.2.b See P1.6.2.b		
				relatives/missing		P2.15.2.c See P1.6.2.c		
				parents.		P2.15.2.d See P1.6.2.d	1	
				Cindy Wilkinson				
				P2.15.3 Evaluate		P2.15.3.a See P1.6.7.a		
				support and training		P2.15.3.b See P1.6.7.b		
				provided for relative/kinship resource families Cindy Wilkinson		P2.15.3.c See P1.6.7.c		
				Jeff Adams				
Item 16: Relationship of child in care with parents		X	Baseline 91.0% Goal 91.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006 A-
				P2.16.1 Improve		P2.16.1.a See P1.6.2.a		
				diligent search for non-		P2.16.1.b See P1.6.2.b]	
				custodial parent.		P2.16.1.c See P1.6.2.c		

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			nd Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
Conformity		Improvement		11100000101110110		Benchmark	Goal	
	A	N/A						
				Bonnie Washeck P2.16.2 Improve engagement of non- custodial parents in	PRR Outcomes	P2.16.1.d See P1.6.2.d P16.16.2.a See S2.3.2.a P16.16.2.b See S2.3.2.b P16.16.2.c See S2.3.2.c		
				case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and		P16.16.2.d See S2.3.2.d P16.16.2.e See S2.3.2.e P16.16.2.f See S2.3.2.f		
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs				reassessment. Kathryn Sapp				
Item 17: Needs and services of child, parents, foster parents		X	Baseline 82.1% Goal 86.2%		PRR III-10 Rating for the overall quality of the comprehensive assessment.			P-Dec 2006 A-

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated	Action Steps	Method of	Benchmarks Toward Achieving Goal	Dates of Achievement	
Item(s) Contributin	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark Goal	
Conformity		Improvement				Benefimark	Gour	
	A	N/A						
			Baseline 91.0% Goal 95.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure		PRR III-3 The needs of the family/child are identified.			
			improvement).	WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Kathryn Sapp		WB1.17.1.a See S2.3.1.a WB1.17.1.b See S2.3.1.b WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e WB1.17.1.f See S2.3.1.f WB1.17.1.f See S2.3.1.g WB1.17.1.h See S2.3.1.h		
			Baseline 80.4% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR IV-15 Rating for the overall quality of the service plan and service delivery process.			
				WB1.17.2 Strengthen workers skills in engaging families in the assessment, case planning and case plan		WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b WB1.17.2.c See S2.3.2.c WB1.17.2.d See S2.3.2.d WB1.17.2.e See S2.3.2.e		

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Conformity	C		Improvement	1			Benchmark	Goal
	A	N/A						
				review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		WB1.17.2.f See S2.3.2.f		
				WB1.17.3 Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers. Cindy Wilkinson		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c WB1.17.3.d See S1.2.2.d WB1.17.3.e See S1.2.2.e WB1.17.3.f See S1.2.2.f WB1.17.3.g See S1.2.2.f		
Item 18: Child and family involvement in case planning.		X	Baseline 74.1% Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006 A-
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings. Bonnie Washeck		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f	-	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	C		Improvement	1			Benchmark	Goal
•	Α	N/A	•					
					Protocol established	WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05 A-	
				WB1.18.2 Improve the quality of Family Support Team Meetings. Kathryn Sapp Cindy Wilkinson WB1.18.3 Review and		WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c WB1.18.2.d See P1.7.2d WB1.18.2.e See P1.7.2e WB1.18.2.f See P1.7.2f WB1.18.2.g See P1.7.2g WB1.18.3.a Collected parent	P-Aug 05	
				further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities,	Workgroup list Parent handbook Survey results	handbooks used by various circuits. WB1.18.3.b Convened a work group to evaluate parent handbooks. WB1.18.3.c Developed a universal parent handbook. WB1.18.3.d Solicited consumer	A- P-Oct 05 A- P-Jan 06 A- P-Apr 06	
				court procedures, etc. Cindy Wilkinson	Policy developed	feedback on parent handbook WB1.18.3.e Developed policy on use of parent handbook.	A-P-July 06A-	
					Policy disseminated Training curriculum	WB1.18.3.f Policy distributed to all staff and supervisory oversight. WB1.18.3.g Policy Incorporated into BASIC training	P-Sept 06 A- P-Oct 06 A-	
Item 19: Worker visits with child – improve quantity and quality		X	Baseline 72.8% Goal 76.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
				WB1.19.1 Develop policy addressing the	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 111		Improvement	redon steps	ivicusurement		Benchmark	Goal
	A	N/A						
				quality of visits to	Convene	WB1.19.1.b Convened first policy and	P-Feb 05	
				incorporate case	meeting	practice team meeting.	A-	
				planning, service	Policy developed	WB1.19.1.c Team developed policy on	P-May 05	
				delivery and goal		visitation and draft protocol regarding		
				attainment.	D 1	quality of visits.	A-	_
				Cindy Wilkinson	Recommendatio	WB1.19.1.d Recommendation	P-Jun 05	
				Kathryn Sapp	ns reviewed	reviewed by policy review team and executive staff.	A-	
				Katin yii Sapp		WB1.19.1.e Policy disseminated to	P-Aug 05	
						staff.	A-	
						WB1.19.1.f Utilize Practice	P-Aug 05	
						Enhancement Teams (PET) to support	1 Hug 05	
						protocols.	A-	
				WB1.19.2 Increase	Quarterly	WB1.19.2.a Achieved progress in	P-Aug 05	
				policy compliance for	workload report	caseload equalization by developing	quarterly	
				frequency of worker		quarterly circuit workload reports.	ongoing	
				visits for intact and out-			A-	
				of-home cases.	PRR	WB1.19.2.b Circuit Managers	P-Aug 05	
						monitored the frequency of worker		
				Cindy Wilkinson		visits through the PRR.	A-	
				Kathryn Sapp	Practice	WB1.19.2.c Circuit Managers assisted	P-Sep 05	
					Improvement	by PET to develop practice		
				WB1.19.3 Tracking	plans	improvement plans. WB1.19.3.1.a Enhancements made to	A- P-Feb 06	
				system to track worker		the existing ACTS and FCS system.	A-	
				visits (date/site).				-
				· · · · · · · · · · · · · · · · · · ·		WB1.19.3.1.b SACWIS began to be available to track visitation in Case	P-May 06	
						Management System.	A-	
Item 20: Worker	<u> </u>	X	Baseline 85.3%		Intact and Foster	management system.	4.3	P-Dec 2006
Visit with			= 3.5011110 05.570		Care Cases			2000
parent(s).			Goal 89.5%		monitored			A-
, ,			(Goal established is		through Peer			
			calculated by taking		Record Review			
			the average of 8		question IV-14:			
			quarters performance		The worker			
			in 2003 and 2004 and		visits family			
			adding 5% of the		(caretakers) at			
			average to measure		least one time			
			improvement).		per month.			

				Program Improv	ement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 111	,ii	Improvement	redon Steps	iviousurement		Benchmark	Goal
	A	N/A						
				WB1.20.1 Strengthen	Protocols	WB1.20.1.a Protocols established in	P-May 05	
				worker relationships	established	WB1.19.1.c included in adoptive parent		
				with biological or		training	A-	
				adoptive parents.	Revise PRR	WB1.20.1.b Revised PRR to reflect	P-Jun 05	
				B		collateral contacts required per family		
				Bonnie Washeck		risk assessment/reassessment	A-	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b		
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e	=	
						WB1.20.1.h See S2.3.2.f		
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3 a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment. b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.		WB20.2.a See WB1.19.1.a-f WB20.2.b See WB1.19.2 a-c		
Well Being Outcome 2 Children receive services to meet their educational				c. WB1.19.3 Tracking system to track worker visits (date/site).		WB20.2.c See WB1.19.3 a-b		

				Program Improv	rement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Systems Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
needs								
Item 21: Children receive appropriate services to meet their educational needs		X	Baseline 95.6% (derived from average of 8 quarter PRR data in FY 2003 and 2004) Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006 A-
			average to measure improvement.)	WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts. Fred Simmens	Protocol developed Education liaisons Circuit Self Assessment Written local plans	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's. WB2.21.1.b Designated an education liaison at the state level. WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care. WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in	P-Mar 05 A- P-May 05 A- P-May 05 A- P-May 05 A-	
				WB2.21.2 Improve the flow of educational records and reports	Written State plan Protocols developed	foster care as applicable. WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level. WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access	P-Aug 05 A- P-Jun 05 A-	
				when children transfer schools.		records needed for enrollment.	11-	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	3 10 140)II- 	Improvement	Action Steps	Wicasurement		Benchmark	Goal
	Α	N/A						
				Kathryn Sapp Cindy Wilkinson	Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 A-	
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-	
				Cindy Wilkinson Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-	
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families.		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A-	
				Kathryn Sapp	CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 110		Improvement	retion steps	Wiedsdreinent		Benchmark	Goal
	A	N/A						
					Distribute youth	WB2.21.4.c Distribute Youth Training	P-Sep 05	
					training video	Video for teacher in-service training.	A-	
					Protocol	WB2.21.4.d Protocol developed for	P-Oct 05	
					developed	accessing early interventions for students at risk for educational neglect, truancy and suspension.	A-	
					Protocol	WB2.21.4.e Protocol developed for	P-Oct 05	
					developed	children expelled due to the Safe	1 300 05	
					.	School Act.	A-	
					Protocols	WB2.21.4.f Protocols distributed.	P-Nov 05	
					disseminated		A-	
						WB2.21.4.g Protocols incorporated into	P-Dec 05	
						BASIC training.	A-	
Well-Being 3								
(WB3): Children								
receive adequate								
services to meet								
their physical and								
mental health needs.								
		**	D 11 05004		DDD 11 15 55			D.D. 2004
Item 22: Physical		X	Baseline 96.9%		PRR V-17: The			P-Dec 2006
health of the child			Goal 97.8%		physical needs of			
			(Goal established is		the child are			A-
			calculated by taking		being met.			
			the average of 8 quarters performance					
			in 2003 and 2004 and					
			adding 1% of the					
			average to measure					
			improvement.					
			<u>r</u>	WB3.22.1 Increase	Circuit Self	WB3.22.1.a Circuits identified	P-Mar 05	
				ability of Children's	Assessment	available local dental resources.	A-	
				Division staff and	Dental	WB3.22.1.b Dental coordinator	P-May 05	
				families to access	coordinator list	assigned to each region (local level) to		
				available dental		identify barriers and facilitate access to	A-	
				resources.		dental providers.		
					Notification	WB3.22.1.c Notified dental providers	P-Aug 05	
				Bonnie Washeck	letter	of regional dental coordinators.	A-	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-	
				WB3.22.2 Increase capacity of staff to assess medical needs	Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-	
					CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05	
				of children in intact families.	Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 A- P-Oct 05	
				Bonnie Washeck	Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	A-	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-	
Item 23: Mental		X	Baseline 96.4%		PRR V-19: The			P-Dec 2006
health needs of the					mental health			
child			Goal 97.3% (Goal established is calculated by taking		needs of the child are being met.			A-
			the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.					
				WB3.23.1 Increase the ability of Children's	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit	P-Aug 04	
				Division staff and	3.6 . 177 13	Self Assessment.	A-Aug 04	
				families to access available mental health	Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated.	P-Jan 05 A-	
				resources.	Coordinator fist	WB3.23.1.c See S2.3.5	11	

				Program Improv	ement Implementa	ition		
1			2	3	4	5	6	7
Outcome or Systemi Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
				Jim Harrison	Written plan	WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-May 05 A-	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-	
				WB.3.23.2 Increase		WB3.23.2.a See P1.6.3.a		
				awareness of staff and foster parents regarding attachment and mental health issues.		WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi- annually	
				Cindy Wilkinson		WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A-Sep 04 ongoing semi-annually	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-	
				intact families. Kathryn Sapp	Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly A-	
Systemic Factors								
Item 24: System can identify the	X							

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Belicilliaik	Goai
	A	N/A						
status, demographic characteristics, location and goals of children in foster care.								
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 80.4% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through Peer Record Review question IV-15 - Rating for the overall quality of the service plan and service delivery process.			
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Kathryn Sapp 25.2 Strengthen		25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c 25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g 25.1.h See S2.3.1.h 25.2.a See S2.3.2.a		
				worker/supervisor skills in engaging families in the assessment, case planning and case plan		25.2.b See S2.3.2.b 25.2.c See S2.3.2.c 25.2.d See S2.3.2.d 25.2.e See S2.3.2.e		

		Program Improv	ement Implementa	ation		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement				Benchmark	Goal
A N/A						
		review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		25.2.f See S2.3.2.f		
		25.3 Improve		25.3.a See S2.3.3.a		
		supervisory capacity to		25.3.b See S2.3.3.b		
		monitor practice linking		25.3.c See S2.3.3.c		
		the assessment with the		25.3.d See S2.3.3.d		
		overall plan.		25.3.e See S2.3.3.e		
		Bonnie Washeck		25.3.f See S2.3.3.f		
				25.3.g See S2.3.3.g		
				25.3.h See S2.3.3.h		
		25.4 Maximize		25.4.a See P1.6.2.a		
		parental/family		25.4.b See P1.6.2.b		
		involvement in Family		25.4.c See P1.6.2.c		
		Support Team Meetings.		25.4.d See P1.6.2.d		
		Meetings.		25.4.e See S2.3.2 a	_	
		Bonnie Washeck		25.4.f See S2.3.2 b		
		Bonnie Wusheek		25.4.g See S2.3.2 c 25.4.h See S2.3.2 d		
				25.4.ii See S2.3.2 d 25.4.i See S2.3.2 e	_	
				25.4.j See S2.3.2 f		
		25.5 Improve staff facilitation skills for	Training curriculum	25.4.j See S2.3.2 f 25.5.a Began offering 25 supplemental FST trainings to selected staff	P-Feb 05	
		Family Support Team		throughout state.	A-	
		Meetings.		25.5.b Enhanced/Improved FST skill application for BASIC.	P-Feb 05 A-	
		Jeff Adams		25.5.c Advanced FST skill application integrated into advanced Family-Centered Out-of-Home Service In-Service module.	P-May 06 A-	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	C		Improvement	1			Benchmark	Goal
	A	N/A						
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004) Goal 69% (Goal established through method described in Item 15 using Outcomes		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006 A-
			Report data).	26.1 Revised current policy to clarify an Administrative Review and requirements Kathryn Sapp	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures. 26.1.b Draft policy sent to policy review team and management.	P-Feb 05 A- P-Mar 05 A-	
					Policy revision Policy disseminated	26.1.c Feedback received and revisions made. 26.1.d New policy distributed to CD staff.	P-Apr 05 A- P-Jun 05 A-	
				26.2 Recruit 3 rd party participants for Administrative Reviews	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05	
				Cindy Wilkinson 26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs Cindy Wilkinson R		26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 A-	
					System logic CS-1 revision	26.3.a Met with MIS and developed system logic needed to add fields to SS-61. 26.3.b Revised the SS-61 to denote	P-Aug 04 A-Aug 04 P-Jan 05	
					Revised form disseminated	Administrative Review. 26.3.c Revised form and instructions distributed to all CD staff.	A- P-Jan 05 A-	

				Program Improv	ement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	n-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benefillark	Goai
	A	N/A						
Item 27: Provides		X	Will extract data on					P-Dec 2006
a process that			most recent court					
ensures that each			date from ACTS					A-
child in foster care			system.					
under the								
supervision of the			Baseline to be					
State has a			established by March 2005					
permanency			2003					
hearing in a qualified court or								
administrative								
body no later than								
12 months from								
the date the child								
entered foster care								
and no less								
frequently than								
every 12 months								
thereafter.								
				27.1 Improve access to		27.1.a See P1.9.4.a		
				legal representation for		27.1.b See P1.9.4.b		
				CD.		27.1.c See P1.9.4.c		
				Fred Simmens		27.1.d See P1.9.4.d		
				ried Simmens		27.1.e See P1.9.4.e	-	
						27.1.f See P1.9.4.f		
						27.1.g See P1.9.4.g	_	
						27.1.h See P1.9.4.h		
						27.1.i See P1.9.4.i		
				27.2 Implement training		27.2.a Current curriculum evaluated by	P-Apr 05	
				to develop testifying		Division of Legal Services.	A-	
				skills for CD staff.		27.2.b Obtained technical assistance	P-Jun 05	
				T CC A 1		from DLS, NRC and OSCA.	A-	
				Jeff Adams	Curriculum	27.2.c Based on evaluation and	P-Oct 05	
					modified	technical assistance curriculum	A-	
						modified.	D.D 05	
						27.2.d Modified curriculum approved.	P-Dec 05	
							A-	

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System: Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 110		Improvement	redon steps	Wedstrement		Benchmark	Goal
	A	N/A						
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06 A-	
				27.3 Increase the timeliness of 12 month Permanency Hearings		27.3.a See 27.2.a 27.3.b See 27.2.b 27.3.c See 27.2.c 27.3.d See 27.2.d		
				Cindy Wilkinson Kathryn Sapp	Report on circuits where issues need to be addressed	27.3.e See 27.2.e 27.3.f Collaborated with OSCA at the state level to ensure joint accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	P-May 05	
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness of hearings.	P-June 05	
						27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	P-July 05 A-	
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and	P-Jul 05 A-	
						documented during team meeting. 27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 A-	
				27.4 Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations. Jeff Adams		27.4.a See P1.7.4.a 27.4.b See P1.7.4.b 27.4.c See P1.7.4.c 27.4.d See P1.7.4.d 27.4.e See P1.7.4.e 27.4.f See P1.7.4.f		

				Program Improv	ement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	chievement
Conformity			Improvement				Benchmark	Goal
	A	N/A						
Item 28: Provides		X	Baseline 83.4%		Monitored			P-Dec 2006
a process for					through PRR V-			
termination of			Goal 87.5%		14:			A-
parental rights			(Goal established is		TPR has			
proceedings in			calculated by taking		occurred or been			
accordance with			the average of 8		filed when the			
provisions of			quarters performance		child has been in			
ASFA.			in 2003 and 2004 and		Out-of-Home			
			adding 5% of the		Care for 15 of			
			average to measure		the most recent			
			improvement.)		22 months, or			
					compelling			
					reasons are			
					documented.			
				28.1 Improve access to		28.1.a See P1.9.4.a		
				legal representation for		28.1.b See P1.9.4.b		
				CD.		28.1.c See P1.9.4.c		
				Fred Simmens		28.1.d See P1.9.4.d		
				Trea Similens		28.1.e See P1.9.4.e		
						28.1.f See P1.9.4.f]	
						28.1.g See P1.9.4.g		
						28.1.h See P1.9.4.h	1	
						28.1.i See P1.9.4.i		
				28.2 Strengthen		28.2.a See S2.3.2.a		
				worker/supervisor skills		28.2.b See S2.3.2.b		
				in engaging families in		28.2.c See S2.3.2.c		
				the assessment, case		28.2.d See S2.3.2.d		
				planning and case plan		28.2.e See S2.3.2.e	1	

		Program Improv	ement Implementa	ition		
1	2	3	4	5	6	7
Outcome or Systemic Factors and	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing to Non-Conformity	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
A N/A						
		review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		28.2.f See S2.3.2.f		
		Kathryn Sapp 28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented. Cindy Wilkinson 28.4 Improve diligent search for relatives/parents		28.3.a See P1.9.1a 28.3.b See P1.9.1.b 28.3.c See P1.9.1.c 28.3.d See P1.9.1.d 28.3.e See P1.9.1.e 28.4.a See P1.6.2.a 28.4.b See P1.6.2.b 28.4.c See P1.6.2.c		
		Bonnie Washeck 28.5 Collaborate with	Draft proposal	28.4.d See P1.6.2.d 28.5.a Proposal drafted.	P-Aug 05	
		OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required. Fred Simmens	Meeting agenda Draft legislation	28.5.b Written proposal reviewed by OSCA and the Department. 28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal. 28.5.d Advocated for proposed legislation.	A- P-Oct 05 A- P-Nov 05 A- P-Jun 06 A-	

		ore and	2	3	ement Implementa		_			
Item(s) Contributing		ore and		3	4	5	6	7		
Item(s) Contributing to Non-Conformity		Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement			
	10 110		Improvement	Action Steps	Wicasurement		Benchmark	Goal		
	A	N/A								
Item 29: Provides a process for foster parents, re-		X		29.1 Increase ability of foster parents to be notified of and heard in	Consumer	29.1.a Implemented HB 1453. 29.1.b Revised consumer surveys for	P-Aug 04 A-Aug 04 P-Jun 05			
adoptive parents, and relative caregivers of children in foster care to be				court. Jim Harrison			survey	foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court.	A-	
notified of, and have an						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	P-Mar 05 A-			
opportunity to be heard in, any review or hearing held with respect to the child.					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-May 05 A-			
Item 30: Standards to assure quality services and ensure children's safety and health	X									
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X									
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X									
Item 33: Ongoing training for staff		X								
				33.1 Develop supervisory training for front line supervisors.		33.1.a Professional Development and Training collaborated with HRC for ongoing supervisors training.	P-Feb 04 A-Feb 04			
				Jeff Adams	Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	P-Mar 04 A-Mar 04			

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	riction steps	Wedsarement		Benchmark	Goal
	A	N/A						
					Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Jul 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Oct 04	
					Debriefing report	33.1.e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1.f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Dec 04	
					Curriculum developed	33.1.g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-	
						33.1.h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-	
						33.1.i Professional Development and Training selected one rural and one	P-Aug 05	
						metro field test site.	A-	
						33.1.j Professional Development and Training field tested curriculum in two	P-Sep 05	
						test sites	A-	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06 A-	
					Curriculum	33.1.1 Professional Development and	P-Jan 06	
					revised	Training, revised curriculum based on evaluation	A-	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-June 06 A-	
				33.2 Develop advanced in-service training module for investigations and	Curriculum developed	33.2.a Professional Development and Training developed advanced inservice curriculum for investigators and assessors.	P-Oct 04 A-Oct 04	
				assessments		33.2.b CD administration approved advanced investigation and assessment	P-Nov 04	
				Jeff Adams		in-service training module.	A-Nov 04	

				Program Improv	ement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 110	,11	Improvement	riction Steps	- Wiedsdreinen		Benchmark	Goal
·	A	N/A						
					Training dates	33.2.c Professional Development and Training began training advanced investigation and assessment curriculum.	P-Jan 05 A-	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced investigation and assessment training module and made revisions.	P-June 05 A-	
						33.2.e Professional Development and Training implemented revised investigation and assessment advanced in-service training statewide.	P-Jul 05 A-	
				33.3 Develop advanced in-service training module for Family-Centered Services	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced inservice training module.	P-Feb 04 A-Feb 04	
				Jeff Adams	Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced inservice curriculum for Family-Centered Services.	P-Aug 05 A-	
						33.3.e CD administration approved advanced Family-Centered Services inservice training module.	P-Aug 05	
					Training dates	33.3.f Professional Development and Training began training advanced Family-Centered Services curriculum.	P-Sep 05	
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-	

				Program Improv	ement Implementa	ation		
1			2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing t			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	.0 1 10		Improvement	Treaten steps	1/1045010110110		Benchmark	Goal
	A	N/A						
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-	
				33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care Services	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
				Jeff Adams	focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced inservice curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-	
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-	

				Program Improv	ement Implementa	ition		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	3 10 140	/11-	Improvement	Action Steps	Wedstrement		Benchmark	Goal
	A	N/A						
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-	
				33.5 Enhanced On-The- Job (OJT) Training	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
				Jeff Adams	Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-	
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-	
				33.6 Create training advisory Committee to annually assess needs and evaluate training	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 A-	
				Jeff Adams	Mission	33.6.b Advisory committee developed a mission statement.	P-Apr 05 A-	
				Jen Adams	Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 A-	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	
				Cindy Wilkinson	Training agenda Training agenda	33.7.b Held first CA/N Training Institute Session 33.7.c Held second CA/N Training Institute	P-Apr 04 A-Apr 04 P-Nov 04 A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-	

				Program Improv	ement Implementa	ition		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	3 10 140)II-	Improvement	Action Steps	Wicasurement		Benchmark	Goal
·	Α	N/A	•					
				33.8 Provide training	Circuit Self-	33.8.a Circuits completed Circuit Self-	P-Aug 04	
				based on circuit specific	Assessments	Assessments	A-Aug 04	
				needs		33.8.b Circuits notified Professional	P-Nov 04	
						Development and Training Unit of		
				Cindy Wilkinson		targeted training needs	A-Nov 04	
						33.8.c Professional Development and	P-Jan 05	
						Training Unit to began providing		
						targeted training to circuits based on identified need	A-	
Item 34: Provision	X							
of training for								
caregivers and								
adoptive parents								
that parents								
addresses the								
necessary skills								
and knowledge								
Item 35: Service		X						
array				27.4.7		25.1 9 33772.22.1		
				35.1 Increase access		35.1.a See WB3.22.1.a	_	
				and availability to		35.1.b See WB3.22.1.b	_	
				dental services		35.1.c See WB3.22.1.c		
				Bonnie Washeck		35.1.d SeeWB3.22.1.d	1	
					C vi 1	35.1.e SeeWB3.22.1.e	D I 04	
				35.2 Increase the ability of staff and families to	Curriculum	35.2.a Professional Development and	P-Jan 04	
				access Alcohol and	developed	Training developed Family Drug and Safety Training based in focus group	A-Jan 04	
				Drug Abuse Services		information	A-Jan 04	
				(ADA)	Training agenda	35.2.b Presented Drug training to focus	P-Feb 04	
					and date	group	A-Feb 04	
				Jeff Adams	Field test	35.2.c Field tested drug training in	P-Jun 04	
					training	Southwest region	A-Jun 04	
					Training agenda	35.2.d Second field test conducted in	P-Nov 04	
						Jefferson County	A-Nov 04	
					Curriculum	35.2.e Curriculum revised to reflect	P-Apr 05	
					revised	recommendations during field test,	_	
						including target audiences and how	A-	
						many staff		

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing to			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement				Benchmark	Goal
1	A	N/A						
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-June 06	
				35.3 Increase availability of specialized foster homes for older youth,		35.3.a See P1.6.5.a		
				siblings, disabled and		35.3.b See P1.6.5.b		
				medically fragile		35.3.c See P1.6.5.c]	
				children.		35.3.d See P1.6.5.d	_	
				Cinder Willeimann		35.3.e See P1.6.5.e		
				Cindy Wilkinson				
				35.4 Increase availability of and	Circuit self- assessment	35.4.a Through circuit self-assessment, determined available parenting classes	P-Mar 05	
				access to parenting		and family/parent aide services	A-	
				classes and family/parent aide	CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide	P-Feb 06	
				services. Bonnie Washeck		and parenting class service	A-	
				35.5 Increase services to meet the needs of	Circuit self- assessments	35.5.a Through circuit self-assessment, determined available interpretive	P-Mar 05	
				non-English speaking consumers.	assessments	services for non-English speaking clients	A-	
				Kathryn Sapp	Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with	P-May 05	
						identified need	A-	
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to	P-Dec 05	
						accommodate growing Hispanic population)	A-	
				35.6 Increase availability of	Circuit self- assessment	35.6.a Available transportation services determined through circuit self-	P-Mar 05	
				transportation services.		assessment.	A-	
				Bonnie Washeck		35.6.b Recruited regional service organizations to provide transportation	P-May 05	
						services.	A-	

				Program Improv	ement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Achievement Goal
Conformity			Improvement				Belicilliark	Goai
	A	N/A						
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP. Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the	X		See Item 35, 1-6					
agency.				37.1 Increase access to		See Item 35 1-6		
				existing services				
				37.2 Strengthen		37.2.a See S2.3.2.a	4	
				worker/supervisor skills		37.2.b See S2.3.2.b	-	
				in engaging families in		37.2.c See S2.3.2.c		
				the assessment, case		37.2.d See S2.3.2.d		
				planning and case plan review process to		37.2.e See S2.3.2.e		
						37.2.f See S2.3.2.f		
				increase parent, caregiver (alternative				
				care provider) and child				
				involvement in case				
				assessment, plan				
				development and				
				reassessment.				
	**			Kathryn Sapp				
Item 38: Engages	X							

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Benefilmark	Goar
	A	N/A						
in ongoing consultation with critical stakeholders in developing the CFSP								
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the number of resource families. Cindy Wilkinson		44.1.a See P1.6.5.a 44.1.b See P1.6.5.b 44.1.c See P1.6.5.c 44.1.d See P1.6.5.d 44.1.e See P1.6.5.e 44.1.f See P 2.12.3.a 44.1.g See P 2.12.3.b 44.1.h See P 2.12.3.c		
						44.1.i See P 2.12.3.d		

				Program Improve	ement Implementa	tion		
1	1		2	3	4	5	6	7
		Goal/Negotiated Measure/Percent of	Antina Stano	Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement	
Conformity	g to No	n-	Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

Children's Bureau Child and Family Services Reviews IV. Program Improvement Plan Matrix (PIP Matrix)

State:	Missouri		ACF	F Regional	Office:			
State con	tact and telephone:	Lee Temmen, 573-526-3735	Region I		Region IV	<u>X</u>	Region VII	Region X
ACF Co	ntact and telephone:	Ann Burds, 816 426-2260	Region II		Region V		Region VIII	
Date and	quarter submitted:	May 27, 2005 First Quarter	— Region III		Region VI		Region IX	
			_					

A = Achieved N/A = Not Achieved

			Program Improv	vement Implementat	ion		
1		2	3	4	5	6	7
Outcome or Systemic Fa	actors and	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing to N	Non-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity		Improvement				Belicilliark	Goai
A	N/A						
Safety Outcome							
S1: .							
Item 1: Timeliness of initiating investigations of reports of child maltreatment	X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004) Ist Quarter performance = 76.9% Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement. Progress to be tracked quarterly		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected- Dec 2006 Actual-

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal Goal
	A	N/A	•					
			from CD Outcomes Report).					
				S1.1.1 Clarify policy regarding timeliness of initiating reports of		S1.1.1.a Refined definition of "initiating" reports.	P-Mar 05 Actual- Mar 05	
				child maltreatment. Kathryn Sapp		S1.1.1.b Policy clarified regarding multi disciplinary team contact.	P- Mar 05 A-Mar 05	
				Katnryn Sapp		S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child.	P-Mar 05 A-Mar 05	
					Policy issuance	S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-May 05	
				S1.1.2 Increase accuracy of data		S.1.1.2.a Data system entry guidelines clarified for "initial contact".	P-Aug 05 A-	
				regarding initial contact. Kathryn Sapp		S.1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-	
				Susan Savage	PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
				for managing non CA/N referrals	Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte	P-May 04 A-May 04	
				Virginia Lewis-Brunk	Training agenda	Counties. S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing Conformity	g to No	on-	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A	•					
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test sites continuations.	P-Apr 05 A-Apr 05	
					Recommendation Plan Implementation	S1.1.3.g Recommendation plans finalized. S1.1.3.h Implementation plans	P-Jun 05 A-Apr 05 P-Aug 05	
					plan	finalized to implement in target areas.	A-Apr 05	
				S1.1.4 Develop improvement plan to	Circuit self- assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04	
				respond timely to reports of maltreatment	Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-Mar 05	
				Kathryn Sapp	Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
						S1.1.4.d Monitored the improved timeliness of initial child contact.	P-July 05 A-	
				S1.1.5 Call Management and Structured Decision	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
				Making (SDM) Protocols Implemented at the Child Abuse and		S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU	P-Apr 04	
				Neglect Hotline Unit (CA/N HU) to provide	Training agenda	process. S1.1.5.c Remaining CA/N HU staff trained on protocols and using call	A-Apr 04 P-Aug 04	
				consistent screening and classification of	CA/N HU	management system. S1.1.5.d CA/N HU Supervisory	A-Aug 04 P-Sept 05	
				calls received. Charlotte Gooch	Supervisory Review Tool developed	Review tool developed to assess quality.	A-	
					1	S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Comorning	A	N/A	Improvement					
	A	IN/A			PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A-	
Item 2: Repeat maltreatment Recurrence of Maltreatment: Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month		X	CA/N Recidivism Nat'l Standard 6.1 % or less MO FFY 2003 NCANDS Baseline 8.3% NCANDS Goal 7.4% (Based on Federal formula for goal setting 1st quarter performance based on quarterly Outcome Report 5.9% not NCANDS. NCANDS data not					P-Dec 2006 A-
period			available quarterly.	S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment. Kathryn Sapp Cindy Wilkinson	PRR revision Training curriculum Training agenda	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool. S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results. S1.2.1.c Conducted initial in-service training with CD and court staff.	P-Jan 04 A-Feb 04 P-Feb 04 A-Mar 04 P-Jun 04 A-Jun 04	-

				Program Impro	vement Implementat	tion		
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Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Denemiark	Goar
	A	N/A						
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record Review Outcomes.	P & A-On- going & quarterly	
					In-service training agenda	S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.	P-Feb 05 A-Dec 04	
						S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool. S1.2.1.g Evaluate results of review,	P-Apr 05 A-Apr 05 P-Jul 05	_
						identify circuits whose needs are more imminent for the training.	P-Jul 05	
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-	
Incidence of Child Abuse and/or Neglect in Foster Care: Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?			CA/N in AC Nat'l Standard 0.57% or less MO FFY 2003 NCANDS Baseline 0.37% Goal Achieved	S1 2.2 Implementation	Training agenda	S1 2 2 a All staff trained in CSF	P-Iul 04	P-Dec 2006 A-
				S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process.	Training agenda Training agenda	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene. S1.2.2.b Trained one Out-of-Home	P-Jul 04 A-Jul 04 P-Jul 04	-
						Unit on CSE in St. Louis City.	A-Jul 04	

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				Program Improv	vement Implementa	tion		
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Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	chievement Goal
Conformity		1 27/1	Improvement					
	A	N/A					D D 04	
				Susan Savage		S1.2.2.c In-house expertise developed	P-Dec 04	
					T 1 .: .	for training	A-Dec 04	_
					Evaluation report	S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child	P-Mar 05	
						Protection	A-Mar 05	
					Modified curriculum	S1.2.2.e Strengths in summary and CSE curriculum identified by statewide committee.	P-Aug 05 A-	
					Submission of expansion and	S1.2.2.f Strengths in summary and CSE curriculum incorporated into	P-Jan 06	
					training plan	policy and practice through policy memo and localized training.	A-	
				S1.2.3 Strengthen policy regarding assessment of safety at	Policy developed	S1.2.3.a Developed policy regarding assessment of safety at and throughout placement.	P-May 05	
				and throughout		1	A-	
				placement.	Policy disseminated	S1.2.3.b Disseminate policy and monitor through on going circuit self-	P-June 05	
				Cindy Wilkinson		assessments, PRR and supervisory oversight.	A-	
				S1.2.4 Practice		S1.2.4.a Developed PET roles and	P-Feb 05	
				Enhancement Teams		responsibilities.	A-Feb 05	
				(PET) assist Circuit Managers in	Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
				development of improvement strategies	Current data on repeat	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the	P-Apr 05	
				to reduce repeat maltreatment and CA/N	maltreatment	areas of repeat maltreatment and CA/N in foster care.	A-Apr 05	
				in foster care.	List of strategies	S1.2.4.d PET teams and Circuit Managers developed improvement	P-May 05	
				Bonnie Washeck		strategies.	A-	
					Program improvement	S1.2.4.e Program improvement plans implemented by Circuit Managers and	P-Aug 05	
					plans developed	staff.	A-	

				Program Impro	vement Implementa	tion		
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Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	ng to N	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Deficilitation	Goai
	A	N/A						
				S1.2.5. Strengthen policy and practice relating to chronic neglect and	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
				accumulation of harm. Kathryn Sapp	Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05	
						S1.2.5.d System enhancements for tracking/monitoring developed.	P-Jul 05 A-	
						S1.2.5.e Three pilot sites selected (Jasper, Jefferson and Randolph counties) based on negotiations with	P-July 05 A-	
					Training agenda	Federal partners. S1.2.5.f Pilot sites trained by FCS consultants.	P-Jul 05 A-	
						S1.2.5.g Initiated pilots.	P-Aug 05 A-	
					Evaluation report	S1.2.5.h University of Missouri evaluated effectiveness of pilot sites based on waiver approval.	P-Feb 06	
					Outcome data	S1.2.5.i Based on results determined statewide applicability.	P-Mar 06 A-	
					Expansion plan developed	S1.2.5.j Developed state expansion plan.	P-Apr 06 A-	
						S1.2.5.k Expansion sites initiated.	P-Sept 06 A-	
				S1.2.6 Develop performance-based contract for foster parents	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-	
				Bonnie Washeck		S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 ongoing A-	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
Safety Outcome S2:								
Item 3: Services to family to protect child(ren) in home and prevent removal		X	Baseline 80.4% 1st quarter PRR results = 81.1% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Peer Record Review (PRR) IV-15 Rating of the overall quality of the service plan and service delivery			P-Dec 2006 A-
			•	S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial	Draft of CD-14 Evaluation report	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2. S2.3.1.b CD-14 family assessment tool field test expanded to other sites. S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Sep 04 A-Sep 04 P-May 05 A-Feb 05 P-Jun 05 A-	-

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	<u>F</u>			Benchmark	Goal
	A	N/A						
				and ongoing assessments; include a	Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-	
				mechanism for family self-assessment and		S2.3.1.e Recommendations regarding changes made.	P & A On-going	
				identified areas specifically related to child safety and risk concerns (to be completed concurrently with S2.3.2)	Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 A-	
					Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-	_
				Kathryn Sapp S2.3.2 Strengthen		S2.3.2.a Conducted focus groups	P-Aug 04	
				worker/supervisor skills in engaging families in the assessment, case planning and case plan		(workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	A-Aug 04	
				review process to increase parent,	Supplemental Supervisory	S2.3.2.b Focus group results compiled and used for supplemental supervisory	P-Oct 04	
				caregiver (alternative	Training	training.	A-Oct 04	
				care provider) and child involvement in case	Training curriculum	S2.3.2.c Training curriculum developed and supplemental FST	P-Feb 05	
				assessment, plan development and	developed and began	training began.	A-Feb 05	
				reassessment. Bonnie Washeck		S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually A-	
				S2.3.3 Improve supervisory capacity to		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-	

				Program Improv	vement Implementa	tion		
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Outcome or Systemic Factors and Item(s) Contributing to Non-			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
Conformity			Improvement	1			Benchmark	Goal
	A	N/A	•					
				monitor enhanced	Draft of tool	S2.3.3.b Created draft standardized	P-June 05	
				practice relating to case		supervisory case review tool.	A-	
				planning.		S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-	
				Susan Savage	Feedback	S2.3.3.d Feedback from field testing	P-Jan 06	
					summary	reviewed by review team.	A-	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-	
					Protocol	S2.3.3.f Protocol for supervisory case	P-Jan 06	
					established and	review established and manual	A-	
					manual revision	revisions made.		
						S2.3.3.g System automation completed	P-Feb 06	
					D 1'	for supervisory case review tool.	A-	
					Policy disseminated and	S2.3.3.h Supervisory case review tool	P-Feb 06	
					implemented	and protocols approved and distributed for statewide use.	A-	
				S2.3.4 Establish		S2.3.4.a Developed service access	P-Aug 05	
				procedures to access		funding grid and guidelines.	A-	
				various service funding	Guidelines	S2.3.4.b Distributed service access	P-Sept 05	
				streams. Bonnie Washeck	distributed	funding grid and guidelines to all staff.	A-	
				S2.3.5. Per new		S2.3.5.a Barriers identified for children	P-Jan 05	
				legislation, develop		needing mental health services.	A-Jan 05	
				state comprehensive children's mental		S2.3.5.b Funding mechanisms established for providing mental health	P-Jan 05	
				health plan to increase		services.	A-Jan 05	
				level of cooperation	Coordination plan	S2.3.5.c Plan developed for	P-Jan 05	
				between court, mental	F-Wil	coordination of resources from		
				health, child welfare		multiple agencies.	A-Jan 05	
				and families.		S2.3.5.d Evaluation methodology	P-Jan 05	
						established.	A-Jan 05	
				Jim Harrison	Report	S2.3.5.e Report with recommendations	P-Jan 05	
					submission	submitted to legislators and governor.	A-Jan 05	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity	1 .	37/4	Improvement					
Tr. 4 Did C	A	N/A	D 1' 00 40/		DDD 11/ 12			D.D. 2006
Item 4: Risk of harm to child(ren)		X	Baseline 89.4% Ist quarter PRR results = 90.5 % exceeds goal. Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment.			P-Dec 2006 A-
			improvement.)	S2.4.1 Ensure	SDM Review	S2.4.1.a See S1.2.1.a		
				consistent and accurate	Tool	S2.4.1.b See S1.2.1.b	1	
				completion of SDM safety and risk		S2.4.1.c See S1.2.1.c	1	
				assessment.		S2.4.1.d See S1.2.1.d	1	
						S2.4.1.e See S1.2.1.e	1	
				Cindy Wilkinson		S2.4.1.f See S1.2.1.f	1	
						S2.4.1.g See S1.2.1.g	1	
				S2.4.2 Implementation		S2.4.2.a See to S1.2.2.a		
				of "Confirming Safe		S2.4.2.b See to S1.2.2.b		
				Environments" process.		S2.4.2.c See to S1.2.2.c		
				Susan Savage		S2.4.2.d See to S1.2.2.d]	
				Susan Savage		S2.4.2.e See to S1.2.2.e		
						S2.4.2.f See to S1.2.2.f	1	
						S2.4.2.g See to S1.2.2.g		
				S2.4.3 Implement	Policy	S2.4.3.a Policy for enhanced	P-Aug 04	
				enhanced background screening for	disseminated	background screening implemented statewide.	A-Aug 04	
	1	l		screening 101	L	state wite.	A-Aug U4	

		Program Improv	vement Implementa	ntion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement	riction steps	Wicasarement		Benchmark	Goal
A N/A						
		foster/kinship and court ordered providers. Cindy Wilkinson		S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 ongoing A-Aug 04 ongoing	
		·		S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
		"Culture of Care Initiative" for	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
		improving safety and nurturance of children	Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
		in a residential care setting.		S2.4.4.c Curriculum approved by CD administration.	P-May 04 A-May 04	
		Fred Proebsting	Tarinia	S2.4.4.d Roundtables held with CEO's to discuss curriculum. S2.4.4.e NRC Train-the-Trainers	P-Jul 04 A-Jul 04	
			Training agenda	session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
				S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
		S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas		S2.4.5.a See S2.3.1.a S2.4.5.b See S2.3.1.b S2.4.5.c See S2.3.1.c S2.4.5.d See S2.3.1.d S2.4.5.e See S2.3.1.e S2.4.5.f See S2.3.1.f S2.4.5.g See S2.3.1.g		

				Program Impro	vement Implement	ation		
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Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Achievement
Conformity	•		Improvement	_			Benchmark	Goal
	A	N/A						
				specifically related to child safety and risk concerns.		S2.4.5.h See S2.3.1.h		
Permanency Outcome 1		X						
Item 5	X		Passed CFSR On-site review and 2002 AFCARS					
Item 6: Stability of foster care placement		X	Stability in foster care. Nat'l Standard 86.7% or more					P-Dec 2006 A-
			1 st quarter performance based on quarterly outcomes report = 74.3 not AFCARS formula. AFCARS data not available quarterly.					
			MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting)					
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non- related, Not licensed 3) Kin, Non- related, Licensed.	P-Mar 05 A-Feb 05	
				Lesley Pettit		P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	-		Improvement	_			Benchmark	Goal
	A	N/A						
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05 A-	
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Apr 06 A-	
				P1.6.2 Improve diligent search for relatives/missing		P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Jul 04 A-Jul 04	
				parents.	Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored	P-Aug 04	
				Bonnie Washeck		through supervisory oversight. P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access	A-Aug 04 P-Mar 05	
						to state databases as mechanisms for diligent search.	A-Apr 05	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05 A-Apr 05	
				P1.6.3 Expand use of family support team meetings to promote	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an	P-Aug 04	
				stability in alternative care placements		impending move. P1.6.3.b Made ACTS system changes to track FSTs held prior to or	A-Aug 04 P-Aug 04	
				Kathryn Sapp Cindy Wilkinson		immediately after a move. P1.6.3.c Central Office staff provided training to regional staff on HB 1453	A-Aug 04 P-Aug 04	
						P1.6.3.d Regional staff provided localized training to existing staff on	A-Aug 04 P-Sep 04	-
						HB 1453 requirement P1.6.3.e Policy incorporated into BASIC training.	A-Sep 04 P-Dec 04	_
							A-Dec 04	

Outcome or Systemic Item(s) Contributing Conformity			2 Goal/Negotiated Measure/Percent of	3	4	5	6	7
Item(s) Contributing Conformity	to No							,
	A		Tribubaro, i creciit or	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
	A		Improvement				Benchmark	Goal
		N/A						
					PRR	P1.6.3.f Updated PRR to assure preplacement FSTs.	P-Feb 05 A-Mar 05	
				P1.6.4 Identify resource family types and shortages	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-Apr 05	
				Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit	P-May 05	
					management plan	management plan to address identified need.	A-	
				P1.6.5 Increase number of resource families	Recruitment and retention plan	P1.6.5.a Recruitment and retention plan for foster home serving older	P-Jun 04	
				Cindy Wilkinson	developed	youth implemented through Chafee program.	A-Jun 04	
					Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Jul 04 A-Jul 04	
					Request for Proposal	P1.6.5.c RFP written for performance based resource development contracts included the need for recruitment of	P-Dec 04	
						resource homes to match our special needs population.	A-Sept 04	
					Award letters	P1.6.5.d Awarded recruitment and resource development contracts.	P-Mar 05 A-Pending	
					Circuit data	P1.6.5.e Resource and recruitment contractors worked with circuits to	P-Apr 05	
				P1.6.6 Increase placement stability by improving matching		determine resource family needs. P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning	A-Apr 05 P-Mar 06	
				capabilities for children in out-of-home settings.	Survey recults	regarding "critical" factors in placement stability. P1.6.6.b Surveyed resource families to	A- P-May 06	
				Cindy Wilkinson	Survey results	gather information regarding placement stability.	A-	
						P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Benennan	0041
	A	N/A						
					Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06 A-	
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06	
				P1.6.7 Evaluate support and training provided for relative/kinship resource families	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05	
				Cindy Wilkinson	Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-	
				Jeff Adams	Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed	P-Sep 06	
Item 7: Permanency goal for child		X	Baseline 85.9% Ist quarter PRR results = 86.1% Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.	relative/kinship providers.		P-Dec 2006 A-
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy	Circuit Self Assessment Corrective action plans	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment. P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Aug 04 A-Aug 04 P-Feb 05 A-Apr 05	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 1 11		Improvement	retion steps	Wiedsarement		Benchmark	Goal
·	Α	N/A	·					
				Kathryn Sapp Cindy Wilkinson	Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
				permanency goal is reviewed and established Kathryn Sapp Cindy Wilkinson	Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Sep 04	
					Policy	P1.7.2.c Policy disseminated to all	P-Sep 04	
					disseminated Training agenda	staff. P1.7.2.d Incorporated ACTS system	A-Aug 04 P-Jan 05	
						changes and policy into BASIC and computer systems training.	A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more	P-Mar 05	
					Protocol	difficult FSTs. P1.7.2.f Protocol developed for	A-Pending P-Apr 05	
					developed	accessing expert facilitators.	A-Pending	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 A-Pending	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 A-Pending	
				P1.7. 3 Strengthen		P1.7.3.a Circuit Managers monitored	P-Mar 05	
				policy and practice relating to concurrent planning.	Improvement plans	outcomes through PRR tool. P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	A-Mar 05 P-May 05 A-	
				Cindy Wilkinson	Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-	
				P1.7.4 Increase collaboration with	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
				courts by providing cross training to		P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	ing to IV		Improvement	Action Steps	Wicasurement		Benchmark	Goal
	A	N/A						
				judiciary, court staff, GALs and Children's Division staff on ASFA	Contract	P1.7.4.c Submitted draft to management of CD/OSCA. P1.7.4.d Developed a contract to	P-Feb 04 A-Feb 04 P-Mar 04	
				& Permanency hearings consistent with state and federal regulations. Cindy Wilkinson	developed	provide cross training to judiciary, court staff, GAL's and CD staff.	A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
				Cindy Wildingon	Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
Item 8: Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'l Standard 76.2% or more MO FFY 2003 AFCARS Baseline 59.8% AFCARS Goal 62.2% (Based on Federal formula for goal setting). 1st quarter performance based on quarterly outcomes report = 69.4% not AFCARS. AFCARS data not available quarterly.					P-Dec 2006 A-
				P1.8.1 Address	Data reports	P1.8.1.a Prepared data on legal status	P-Dec 04	
		<u> </u>		permanency and		2, 3, and 4 children.	A-Feb 05	

		Program Improv	vement Implementat	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement				Benchmark	Goal
A N/A						
		services needs of children in Legal Status 2, 3, and 4	Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05 A-Apr 05	
		Bonnie Washeck	Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05 A-May 05	
			Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related	P-Apr 05	
				to legal status 2, 3, and 4 children. P1.8.1.e Revise AFCARS population if necessary.	A-Pending P-Apr 05 A-Pending	_
			Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	P-July 05 A-	
			Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05	
			PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer	P-Oct 05	
		D1 0 2 E + 111 1		Record Review process.	A-	
		P1.8.2 Establish procedures to access various service funding streams.		P1.8.2.a See S2.3.4.a. P1.8.2.b See S2.3.4.b.		
		Bonnie Washeck				
		P1.8.3 Ensure frequency and timeliness of Family Support Team Meetings occurs per policy.		P1.8.3.a See P1.7.1.a P1.8.3.b See P1.7.1.b P1.8.3.c See P1.7.1.c		
		Kathryn Sapp Cindy Wilkinson P1.8.4 Improve quality		P1.8.4.a See P1.7.2.a		

			tion					
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	chievement Goal
Conformity			Improvement				Benefimark	Goar
	A	N/A						
				of Family Support		P1.8.4.b See P1.7.2.b		
				Teams to assure the		P1.8.4.c See P1.7.2.c		
				review of permanency		P1.8.4.d See P1.7.2.d		
				goal.		P1.8.4.e See P1.7.2.e		
				IZ adlama Cana		P1.8.4.f See P1.7.2.f		
				Kathryn Sapp		P1.8.4.g See P1.7.2.g		
				Cindy Wilkinson		P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase		P1.8.5.a See P1.7.4.a		
				collaboration with		P1.8.5.b See P1.7.4.b		
				courts by providing		P1.8.5.c See P1.7.4.c		
				cross training to new		P1.8.5.d See P1.7.4.d		
				judiciary, court staff,		P1.8.5.e See P1.7.4.e		
				Children's Division		P1.8.5.f See P1.7.4.f		
				staff and GAL's on ASFA & Permanency				
				hearings consistent				
				with state and federal				
				regulations				
				regulations				
				Cindy Wilkinson				
				P1.8.6 Increase	Contract	P1.8.6.a Contract developed to provide	P-Apr 04	
				collaboration with	developed	training.	A-Apr 04	
				courts by providing	Meeting minutes	P1.8.6.b Meeting held to discuss roles	P-Dec 04	
				cross training to		and responsibilities of CD and Juvenile		
				judiciary, court staff,		Officers.	A-Oct 04	
				GAL's and Children's	Training agenda	P1.8.6.c Training provided to judiciary,	P-May 05	
				Division staff regarding		court staff, GAL's and CD staff		
				roles and				
				responsibilities.			A-	
				Cindy Wilkinson				
				P1.8.7 Collaborate with	Meeting Minutes	P1.8.7.a Meeting held (with OSCA,	P-Mar 05	
				OSCA to explore	iviceting ivinities	CD, and DLS) to look at existing data	1 -1v1a1 U3	
				barriers that would		and practices to identify problem areas	A-Oct 04	
				allow Juvenile Courts		and barrier to expeditious	11 001 04	
				to enter temporary		guardianship, including legislative and		
				custody orders and		policy change.		

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement				Benchmark	Goal
•	Α	N/A	•					
				transfer jurisdiction to Probate & Circuit	Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	P-Mar 05 A-Oct 04	
				Courts to expedite guardianship.		P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.	P-Mar 05 A-Sept 04	
				Jim Harrison		P1.8.7.d Proposal finalized and presented to Department for legislative	P-Mar 05	
						change.	A-Jan 05	
				P1.8.8 Determined policy remedy to be used in addition or in		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with	P-Oct 05	
				lieu of any legislative		relatives in CD custody.	A-	
				change referred in		P1.8.8.b See P1.6.1a		
				P1.8.7.		P1.8.8.c SeeP1.6.1b		
						P1.8.8.d See P1.6.1c		
				Jim Harrison		P1.8.8.e See P1.6.1d		1
				Lesley Pettit		P1.8.8.f See P1.6.1e		
Item 9: Adoption	X		Adoption Nat'l Standard					P- Dec 2006
			32% or more					A-
			MO FFY 2003 AFCARS Baseline 38.5%					
			Goal achieved					
				P1.9.1 Termination of Parental Rights will be	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-Feb 05	
				filed in a timely manner, except when	Circuit reports on outcomes of	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local	P-Jun 05	
				compelling reasons are documented.	meetings with courts.	procedures for filing of TPR petitions.	A-	
				Cindy Wilkinson	Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in	P-Jun 05	
				Kathryn Sapp		documenting compelling reasons for not filing TPR.	A-	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Benefimark	Goar
	A	N/A						
						P1.9.1.d Incorporated into BASIC training.	P-Jun 05 A-	
					Policy disseminated	P1.9.1.e Policy disseminated to staff and supervisory oversight	P-Aug 05 A-	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-	
				P1.9.2 Increase number	Performance	P1.9.2.a See P1.6.5.a		
				of resource families.	based contracts	P1.9.2.b See P1.6.5.b		
					and outcome	P1.9.2.c See P1.6.5.c		
				Cindy Wilkinson	reports	P1.9.2.d See P1.6.5.d		
						P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase	Request for	P1.9.3.a RFP written for performance	P-Sep 04	
				capacity to conduct	Proposal	based development contracts.	A-Sep 04	
				home studies and finalize adoptions.	Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing	P-Mar 05	
				Cindy Wilkinson	anarysis	need for completing home studies and finalized adoptions.	A-Mar 05	
					Award letters	P1.9.3.c Awarded performance based permanency and resource development	P-Mar 05	
						contracts.	A-Pending	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per	P-Jul 05	
						available resources.	A-	
				P1.9.4 Improve access		P1.9.4.a DLS identified plan to fill	P-Jul 04	
				to legal representation		vacant FTE's or contract for attorneys.	A-Jul 04	
				for CD staff		P1.9.4.b Additional attorneys hired and	P-Sep 04	
						placed.	A-Sep 04	
				Jim Harrison		P1.9.4.c DLS & Law Schools	P-Mar 05	Unable to
						identified funding sources for	A	meet/budget
						expansion of law school cooperative		constraints
						program.		

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	C		Improvement	1			Benchmark	Goal
	A	N/A						
						P1.9.4.d DLS & Law schools requested funding program.	P-Mar 05 A	Unable to meet/budget constraints
					Establish workgroup	P1.9.4.e CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-Apr 05	
						P1.9.4.f CD/DLS contacted law schools in St. Louis to assess interest in expanding the existing cooperative program.	P-Apr 05	Unable to meet/budget constraints
					Develop draft protocol	P1.9.4.g Draft Protocol developed.	P-Apr 05 A-Apr 05	
						P1.9.4.h Protocols adopted.	P-May 05 A-	
					Committee monitoring report	P1.9.4.i CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	P-July 05 A-	
Item 10: Other planned living		X	Baseline 63.6%		PRR V-22 Youth 16 or older			P-Dec 2006
arrangement			1 st quarter results for PRR V-22 = 53.3%		have an ILP plan documented in the case record (CS-1			A-
			Goal = 66.4%		Att.)			
			Baseline 63.3%		PRR V-21 Youth 16 or over,			
			Goal = 66.4%		are participating in or have			
			1 st quarter results for PRR V-21 = 72.0%		completed ILP classes			
			Goal established is calculated by taking the average of 8 quarters performance					
			(in 2003 and 2004					

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
·	A	N/A						
			and adding 5% of the average to measure improvement.)					
				P1.10.1 Increase number and quality of resource families for older youth Cindy Wilkinson		P1.10.1.a See P1.6.5.a P1.10.1.b See P1.6.5.b P1.10.1.c See P1.6.5.c P1.10.1.d See P1.6.5.d P1.10.1.e See P1.6.5.e		
					Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05 A-Mar 05	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	P-Jun 05 A-	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	P-Sep 05 A-	
				P1.10.2 Increase awareness of Chafee program services to staff and community members	Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher Program through distributing information material to secondary and higher education programs	P-Jan 2004 A-Jan 2004	
				Cindy Wilkinson	Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 Annually	
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents,	P- Mar 04 Ongoing	
					Write and	juvenile court, and youth serving agencies. P1.10.2.d CD memo written and	A-Mar 04 Ongoing P-May 05	
					disseminated memo	disseminated to staff involving ILP staff in the case planning process for older youth and referring age	A-	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Č		Improvement	•			Benchmark	Goal
	A	N/A	-					
						appropriate youth for Chafee services.		_
					Distributed ETV	P1.10.2.e Designed and distributed	P-May 05	
					poster	ETV poster to schools and youth		
				D1 10 2 I	T 1 . D	serving agencies	A-	
				P1.10.3 Increase program accessibility to	Implement Pre- ILP Training	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum	P-June 04	
				provide life skills training services for older youth Cindy Wilkinson	curriculum	for youth 14-15.	A- June 04	
					Youth conference	P1.10.3.b State Youth Advisory Board	P-July 04	-
					1 outil conference	(SYAB) designed and hosted annual	annually	
						youth empowerment conference	A-July 04	
							Annually]
					Consult with	P1.10.3.c Consulted with SYAB	P-Dec 04	
					SYAB	members on needs of older youth.	Ongoing	
							A- Dec 04	
					Comment	D1 10 2 1 C 1 1	Ongoing	_
					Convene workgroup and	P1.10.3.d Convened workgroup to address recommendations from Chafee	P-Feb 05	
					address	stakeholder and transitional living	A-Feb 05	
					recommendations	meetings on designating positions and	A-1 co 03	
						training plan for adolescent workers		
					Provide training	P1.10.3.e Training provided in	P-Feb 05	
					to selected staff in	designate areas to selected staff		
					designed areas	interested in adolescent worker	A-Feb 05	
					- CT	positions	7.7.	_
					CD memo	P1.10.3.f CD memo written and	P-May 05	
						disseminated to staff involving ILP staff in the case planning process for	A-	
						older youth and referring age	'A-	
						appropriate youth for Chafee services		
Permanency								
Outcome P2:								
Item 11:	X							
Proximity of								
foster care								
placement		***	D 11 07 1		36.1			D.D. 200
Item 12:		X	Baseline 85.6		Monitored			P-Dec 2006
Placement with					through Peer			A-

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	_		Improvement	_			Benchmark	Goal
	A	N/A						
siblings			Ist quarter PRR results = 85.8% Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Record Review Question V-4: Siblings are placed together or there is ongoing visitation			
			improvement).	P2.12.1 Increase the number of siblings placed together	Policy developed Policy	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode. P2.12.1.b Enhanced policy addressing	P-Aug 04 A-Aug 04 P-Aug 04	
				Kathryn Sapp	enhancement	the continual need for maintaining sibling relationship.	A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Feb 05 Ongoing Quarterly A-	
					Administrative review developed	P2.12.1.d Developed administrative process to review cases after siblings are separated after 30 days.	P-Nov 05 A-	
				P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.		P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Nov 05	
				Jeff Adams		P2.12.2.b See P1.7.4.a P2.12.2.c See P1.7.4.b P2.12.2.d See P1.7.4.c P2.12.2.e See P1.7.4.d P2.12.2.f See P1.7.4.e		

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement
Conformity			Improvement					
	A	N/A						
						P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06	
				P2.12.3 Increase		P2.12.3.a See P1.6.5.a		
				capacity for resource		P2.12.3.b See P1.6.5.b		
				families that accept		P2.12.3.c See P1.6.5.c		
				sibling groups.		P2.12.3.d See P1.6.5.d		
				Cindy Wilkinson		P2.12.3.e See P1.6.5.e		
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 % Ist quarter PRR results = 83.8% Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement). Baseline 85.6% Ist quarter PRR results = 85.8% Goal 89.9% (Goal established is calculated by taking		Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification. Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.			P-Dec 2006 A-

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benemiark	Cour
	A	N/A						
			the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).					
				P2.13.1 Increase frequency and quality of parent/child and sibling visits. Cindy Wilkinson	Policy revision	P2.13.1.a Revised policy to improve qualitative and quantitative visitation plan requirements. P2.13.1.b Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Aug 05 A- P-Sept 05 A-	
				Cindy Wilkinson	PRR	P2.13.1.c Incorporated revisions into PRR tool.	P-Sept 05 A-	
					Quarterly data reports	P2.13.1.d Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 05	
					Practice improvement plans developed	P2.13.1.e Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 05	
					Revised policy and training module	P2.13.1.f Policy revision incorporated and staff training began: Advanced FCOOHC In-Service training module.	P-May 06	
Item 14: Preserving connections		X	Baseline 23.3% 1st quarter performance = 23.9% Goal 25.6% Baseline 83%		Relative Placement CD-Outcomes #17. Increase the number of children placed with relative provider			P-Dec 2006 A-

				Program Improv	vement Implementat	ion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	1			Benchmark	Goal
	Α	N/A						
			Ist quarter results for PRR = 85.5% Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		PRR V-1 Consideration was given to relatives or kin for placement.			
			improvement.	P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation. P2.14.1.b Submitted evaluation recommendations to administration.	P-May 05 A- P-July 05 A-	
				care. Kathryn Sapp		P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-Aug 05 A-	
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-	
				P2.14.2 Improve diligent search for relatives/missing parents		P2.14.2.a See P1.6.2.a P2.14.2.b See P1.6.2.b P2.14.2.c See P1.6.2.c P2.14.2.d See P1.6.2.d		
				Bonnie Washeck P2.14.3 Revise ICWA policy	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
				Cindy Wilkinson Kathryn Sapp	CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-	

				Program Impr	ovement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-	
Item 15: Relative placement		X	Baseline 25.9% Ist quarter Outcome Reports results = 26.5% Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement). Progress to be tracked quarterly over two year period from CD Outcomes Report Baseline 83.0% Ist quarter PRR results = 85.5% Goal 87.2% (Goal established is calculated by taking the average of 8 quarters performance		Relative Placement monitored through the number of children placed with relative provider in legal status 1-4 Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement			P-Dec 2006 A-

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6	-	Improvement	<u> </u>			Benchmark	Goal
	A	N/A						
			adding 5% of the					
			average to measure					
			improvement).					
				P2.15.1 Increase		P2.15.1.a See P1.6.1.a	-	
				system capacity to		P2.15.1.b See P1.6.1.b	-	
				accurately track placement kinship		P2.15.1.c See P1.6.1.c		
				vendor types.		P2.15.1.d See P1.6.1.d		
				vendor types.		P2.15.1.e See P1.6.1.e		
				Lesley Pettit				
				P2.15.2 Improve		P2.15.2.a See P1.6.2 a		
				diligent search for		P2.15.2.b See P1.6.2.b		
				relatives/missing		P2.15.2.c See P1.6.2.c		
				parents.		P2.15.2.d See P1.6.2.d		
				Cindy Wilkinson				
				P2.15.3 Evaluate		P2.15.3.a See P1.6.7.a		
				support and training		P2.15.3.b See P1.6.7.b	1	
				provided for relative/kinship		P2.15.3.c See P1.6.7.c		
				resource families				
				resource failines				
				Cindy Wilkinson				
				Jeff Adams				
Item 16:		X	Baseline 91.0%		Parent Visits			P-Dec 2006
Relationship of					monitored			
child in care with			1 St quarter PRR		through Peer			A-
parents			results = 90%		Record Review			
					question V-3:			
			Goal 91.9%		The child is			
			(Goal established is		placed in close			
			calculated by taking the average of 8		proximity to			
			quarters performance		his/her family.			
			in 2003 and 2004 and					
			adding 1% of the					
			adding 1 /0 Of the				l	

				Program Improv	ement Implementa	ntion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity		37/4	Improvement					
	Α	N/A						
			average to measure improvement).					
				P2.16.1 Improve diligent search for non-custodial parent. Bonnie Washeck P2.16.2 Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging	PRR Outcomes	P2.16.1.a See P1.6.2.a P2.16.1.b See P1.6.2.b P2.16.1.c See P1.6.2.c P2.16.1.d See P1.6.2.d P16.16.2.a See S2.3.2.a P16.16.2.b See S2.3.2.b P16.16.2.c See S2.3.2.c P16.16.2.d See S2.3.2.d P16.16.2.d See S2.3.2.d P16.16.2.e See S2.3.2.e		
				families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.				
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs				Kathryn Sapp				

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributir	ng to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benemiurk	Gour
	A	N/A						
Item 17: Needs		X	Baseline 82.1%		PRR III-10			P-Dec 2006
and services of			1 St DDD		Rating for the			
child, parents,			1 st quarter PRR results = 83.6%		overall quality of the			A-
foster parents			1esuits – 65.0%		comprehensive			
			Goal 86.2%		assessment.			
			0041 00.270		assessine in			
			Baseline 91.0%		PRR III-3			
					The needs of the			
			1 st quarter PRR		family/child are			
			results = 91.8%		identified.			
			C 105 CO					
			Goal 95.6% (Goal established is					
			calculated by taking					
			the average of 8					
			quarters performance					
			in 2003 and 2004 and					
			adding 5% of the					
			average to measure					
			improvement).					
				WB1.17.1 Improve		WB1.17.1.a See S2.3.1.a		
				family assessment and case plan tools to better		WB1.17.1.b See S2.3.1.b		
				link service provision		WB1.17.1.c See S2.3.1.c		
				to the needs of the bio		WB1.17.1.d See S2.3.1.d		
				family identified in the		WB1.17.1.e See S2.3.1.e		
				initial and ongoing		WB1.17.1.f See S2.3.1.f		
				assessments.		WB1.17.1.g See S2.3.1.g		
						WB1.17.1.h See S2.3.1.h		
				Kathryn Sapp				

		Program Improv	ement Implementat	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing to Non-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity	Improvement				Denemiark	Goar
A N/A						
	Baseline 80.4% 1st quarter PRR results = 81.1% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).	WB1.17.2 Strengthen workers skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	PRR IV-15 Rating for the overall quality of the service plan and service delivery process.	WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b WB1.17.2.c See S2.3.2.c WB1.17.2.d See S2.3.2.d WB1.17.2.e See S2.3.2.e WB1.17.2.f See S2.3.2.f		
		Kathryn Sapp WB1.17.3 Implementation of		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b	-	
		"Confirming Safe		WB1.17.3.c See S1.2.2.c	1	
		Environments" to		WB1.17.3.d See S1.2.2.d	1	
		reduce the risk for		WB1.17.3.e See S1.2.2.e	1	
		children in		WB1.17.3.f See S1.2.2.f	1	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or Syster Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Deficilitate	Goai
	A	N/A						
				foster/kinship care to identify needs of child and providers. Cindy Wilkinson				
Item 18: Child and family involvement in case planning.		X	Baseline 74.1% Ist quarter PRR results = 77.4 % Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).	Cindy Wilkinson	Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006 A-
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings. Bonnie Washeck	Protocol established	WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05 A-	
				WB1.18.2 Improve the quality of Family Support Team Meetings. Kathryn Sapp Cindy Wilkinson		WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c WB1.18.2.d See P1.7.2d WB1.18.2.e See P1.7.2e WB1.18.2.f See P1.7.2f WB1.18.2.g See P1.7.2g WB1.18.2.h See P1.7.2h		

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	C		Improvement	1			Benchmark	Goal
·	A	N/A	•					
				WB1.18.3 Review and		WB1.18.3.a Collected parent	P-Aug 05	
				further develop a		handbooks used by various circuits.	A-	
				handbook, to be	Workgroup list	WB1.18.3.b Convened a work group to	P-Oct 05	
				distributed at the point		evaluate parent handbooks.	A-	
				of removal, to educate	Parent handbook	WB1.18.3.c Developed a universal	P-Jan 06	
				parents on their rights		parent handbook.	A-	
				and responsibilities,	Survey results	WB1.18.3.d Solicited consumer	P-Apr 06	
				court procedures, etc.		feedback on parent handbook	A-	
				C' - 1 - W'II '	Policy developed	WB1.18.3.e Developed policy on use	P-July 06	
				Cindy Wilkinson		of parent handbook.	A-	
					Policy	WB1.18.3.f Policy distributed to all	P-Sept 06	
					disseminated	staff and supervisory oversight.	A-	
					Training	WB1.18.3.g Policy Incorporated into	P-Oct 06	
Item 19: Worker		X	Baseline 72.8%		curriculum Foster Care cases	BASIC training	A-	
visits with child –		Λ	Basenne 72.8%		monitored			
improve quantity			1 st quarter PRR		through Peer			
and quality			$\frac{1}{\text{results}} = \frac{75.6\%}{}$		Record Review			
and quanty			1054165 75.070		question V-16:			
			Goal 76.4%		The worker visits			
			(Goal established is		the child twice			
			calculated by taking		every month.			
			the average of 8					
			quarters performance					
			in 2003 and 2004 and					
			adding 5% of the					
			average to measure					
			improvement).	WB1.19.1 Develop	Toom	WD1 10 to Appointed visitation and in-	P-Jan 05	
			•	policy addressing the	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	A-Feb 05	
				quality of visits to	Convene meeting	WB1.19.1.b Convened first policy and	P-Feb 05	
				incorporate case	Convene meeting	practice team meeting.	A-May 05	
				planning, service	Policy developed	WB1.19.1.c Team developed policy on	P-May 05	
				delivery and goal	1 one; developed	visitation and draft protocol regarding	1 1114 05	
				attainment.		quality of visits.	A-	
	1	ı			ı	quality of tibito.	1	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement					
	A	N/A						
				Bonnie Washeck	Recommendations reviewed	WB1.19.1.d Recommendation reviewed by policy review team and executive staff.	P-Jun 05	
						WB1.19.1.e Policy disseminated to staff.	P-Aug 05 A-	
						WB1.19.1.f Utilize Practice Enhancement Teams (PET) to support protocols.	P-Aug 05 A-	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-	
				of-home cases. Cindy Wilkinson	PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-	
				Kathryn Sapp	Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	P-Sep 05 A-	
				WB1.19.3 Tracking system to track worker	piuns	WB1.19.3.1.a Enhancements made to the existing ACTS and FCS system.	P-Feb 06 A-	
				visits (date/site). Jim Harrison		WB1.19.3.1.b SACWIS began to be available to track visitation in Case Management System.	P-May 06 A-	
Item 20: Worker Visit with		X	Baseline 85.3%		Intact and Foster Care Cases	Management System.	A-	P-Dec 2006
parent(s).			1st quarter PRR results = 86.6% Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			A-

				Program Impro	vement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity		27/4	Improvement					
	A	N/A		WD1 20 1 Comments on	Protocols	WB1.20.1.a Protocols established in	D.M. 05	
				WB1.20.1 Strengthen worker relationships	established		P-May 05	
				with biological or	established	WB1.19.1.c included in adoptive parent training	A-	
				adoptive parents.	Revise PRR	WB1.20.1.b Revised PRR to reflect	P-Jun 05	
						collateral contacts required per family		
				Bonnie Washeck		risk assessment/reassessment	A-	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b	_	
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d WB1.20.1.g See S.2.3.2.e	+	
						WB1.20.1.h See S2.3.2.f	+	
				WB1.20.2 – Refer to:		WB1.20.1.II See 32.3.2.1		
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3				
				a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.		WB1.20.2.a See WB1.19.1.a-f		
				b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.		WB1.20.2.b See WB1.19.2 a-c		
				c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet								

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	U		Improvement	1			Benchmark	Goal
	A	N/A						
their educational needs								
Item 21: Children receive appropriate services to meet their educational needs		X	Baseline 95.6% 1st quarter PRR results = 96.1% Goal 96.6% (Goal established is		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006 A-
			calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)					
				WB2.21.1 Improve working relationship among Children's	Protocol developed	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's.	P-Mar 05 A-Apr 05	
				Division, Department	Education liaisons	WB2.21.1.b Designated an education	P-May 05	
				of Elementary and Secondary Education	Circuit Self	liaison at the state level. WB2.21.1.c Local level barriers	A-	
				(DESE) and local school districts.	Assessment	identified regarding working with schools and educational disruptions of children in foster care.	P-May 05 A-	
				Bonnie Washeck	Written local plans	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable.	P-May 05 A-	
					Written State plan	WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Aug 05	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or Systems Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-	
				Kathryn Sapp Cindy Wilkinson	Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 A-	
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05	
				Cindy Wilkinson Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-	

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity A					Program Improv	vement Implementa	tion		
Item(s) Contributing to North Conformity Measure/Percent of Improvement Measurement Measurem	1			2	3	4		6	7
Conformity Improvement WB2.21.4.a Consulted with National Resource Center on Child Resource Resource on Child Resource Resource Center on Child Resource Resource Center on Child Resource R	Outcome or System	ic Fact	tors and	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
A N/A WB2.21.4 Decrease the incidence of educational neglect, truncy and suspension of children for intact families. Kathryn Sapp WB2.21.4.c Distribute Youth Training video WB2.21.4.c Distribute Youth Training P-Sep 05 Training video WB2.21.4.c Distribute Youth Training P-Cot 05 Accessing and protect Accessing and protect Accessing and protect Accessing and protect Accessing a training video WB2.21.4.c Distribute Youth Training P-Sep 05 Accessing and protect Accessing		g to No	on-		Action Steps	Measurement		Ranchmark	Coal
WB2.21.4. Decrease the incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp CD-14 revision CD-14 revision WB2.21.4. Distribute youth raining video Protocol developed WB2.21.4. Distribute Youth Training video for teacher in-service training. P-Sep 05 A-Apr 05 WB2.21.4. Distribute Youth Training video for teacher in-service training. A- Protocol developed WB2.21.4. Distribute Youth Training video for teacher in-service training. A- Protocol developed WB2.21.4. Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension incorporated into the CD-14 WB2.21.4. Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension. Protocol WB2.21.4. Protocol developed for children expelled due to the Safe School Act. Protocols WB2.21.4. Protocols distributed. WB2.21.4. Protocols distributed. A- WB2.21.4. Protocols incorporated into BASIC training. WB2.21.4. Protocols incorporated into BASIC training.	Conformity			Improvement				Delicilliark	Goai
incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp CD-14 revision Distribute youth training video or school suspension incorporated into the CD-14. Distribute youth training video or school suspension incorporated into the CD-14. Distribute youth training video for teacher in-service training. Protocol developed or suspension. Protocol wB2.21.4.e Protocol developed for children expelled due to the Safe School Act. Protocols disseminated WB2.21.4.g Protocols distributed. Protocol sisseminated WB2.21.4.g Protocols distributed. WB2.21.4.g Protocols distributed. A- A- A- P-Oct 05 A- Protocols disseminated WB2.21.4.g Protocols distributed. A- WB2.21.4.g Protocols incorporated into shafe School Act. Protocols disseminated WB2.21.4.g Protocols incorporated into BASIC training. WB2.21.4.g Protocols incorporated into BASIC training.		A	N/A						
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				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement					
Item 22: Physical health of the child	A	X X	Baseline 96.9% Ist quarter PRR results = 97.5% Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006 A-
			improvement.	WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.	Circuit Self Assessment Dental coordinator list	WB3.22.1.a Circuits identified available local dental resources. WB3.22.1.b Dental coordinator assigned to each region (local level) to identify barriers and facilitate access to dental providers.	P-Mar 05 A-Aug 04 P-May 05 A-	
				Bonnie Washeck	Notification letter Written plan	WB3.22.1.c Notified dental providers of regional dental coordinators. WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A- P-Aug 05 A-	
				WB3.22.2 Increase capacity of staff to assess medical needs	Assessment report CD-14 revision	WB3.22.1.e Completed assessment regarding Dental Van program expansion. WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-Aug 05 A- P-July 05 A-	
				of children in intact families.	Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 A-	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Conformity			Improvement	Tiedon steps	Tyrousurement		Benchmark	Goal
	A	N/A						
				Bonnie Washeck	Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-	
Item 23: Mental health needs of the child		X	Baseline 96.4% Ist quarter PRR results = 96.5% Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006 A-
			improvement.	WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health resources. Jim Harrison	Circuit Self Assessment Mental Health Coordinator list Written plan	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment. WB3.23.1.b Five Regional Mental Health Coordinators designated. WB3.23.1.c See S2.3.5 WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-Aug 04 A-Aug 04 P-Jan 05 A-Jan 05 P-May 05 A-	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing Conformity	g to No	on-	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
J	Α	N/A	1					
				WB.3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues. Cindy Wilkinson	Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers. WB3.23.2.a See P1.6.3.a WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix). WB3.23.2.c Increased the number of staff and foster parents trained on Grief	P-Aug 05 A- P & A- Ongoing semi- annually P-Sep 04 A-Sep 04	
				Cindy Wilkinson	Curriculum developed Training agenda	and Loss (See Training Matrix). WB3.23.2.d Developed Reactive Attachment Disorder curriculum. WB3.23.2.e Incorporated attachment issues training into on-going training.	ongoing semi- annually P-Mar 05 A-Mar 05 P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-	
				intact families. Kathryn Sapp	Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly A-	
Systemic Factors								
Item 24: System can identify the status, demographic characteristics, location and goals of children in	X							

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated	A stine Ctore	Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing Conformity	g to N	on-	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
foster care.								
foster care. Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 80.4% 1st quarter PRR results = 81.1% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.	25.1 Improve family	Monitored through Peer Record Review question IV-15 Rating for the overall quality of the service plan and service delivery process.	25.1.a See S2.3.1.a		
				assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Kathryn Sapp 25.2 Strengthen worker/supervisor skills in engaging families in		25.1.b See S2.3.1.b 25.1.c See S2.3.1.c 25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g 25.1.h See S2.3.1.h 25.2.a See S2.3.2.a 25.2.b See S2.3.2.b 25.2.c See S2.3.2.c		
				the assessment, case planning and case plan		25.2.d See S2.3.2.d 25.2.e See S2.3.2.e	-	

	Program Improvement Implementation									
1			2	3	4	5	6	7		
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement		
Item(s) Contributin	g to N	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal		
Conformity			Improvement				Вененник	Goar		
	A	N/A								
				review process to		25.2.f See S2.3.2.f				
				increase parent,						
				caregiver (alternative						
				care provider) and child involvement in case						
				assessment, plan						
				development and						
				reassessment.						
				Kathryn Sapp						
				25.3 Improve		25.3.a See S2.3.3.a				
				supervisory capacity to		25.3.b See S2.3.3.b				
				monitor practice		25.3.c See S2.3.3.c				
				linking the assessment		25.3.d See S2.3.3.d				
				with the overall plan. Bonnie Washeck		25.3.e See S2.3.3.e				
				Bonnie wasneck		25.3.f See S2.3.3.f				
						25.3.g See S2.3.3.g				
						25.3.h See S2.3.3.h				
				25.4 Maximize		25.4.a See P1.6.2.a				
				parental/family involvement in Family		25.4.b See P1.6.2.b	_			
				Support Team		25.4.c See P1.6.2.c 25.4.d See P1.6.2.d				
				Meetings.		25.4.d See P1.6.2.d 25.4.e See S2.3.2 a	_			
				Tyloddings.		25.4.6 See S2.3.2 b				
				Bonnie Washeck		25.4.g See S2.3.2 c	1			
						25.4.h See S2.3.2 d				
						25.4.i See S2.3.2 e				
						25.4.j See S2.3.2 f				
				25.5 Improve staff	Training	25.5.a Began offering 25 supplemental	P-Feb 05			
				facilitation skills for	curriculum	FST trainings to selected staff				
				Family Support Team		throughout state.	A-Feb 05			
				Meetings.		25.5.b Enhanced/Improved FST skill	P-Feb 05			
				Jeff Adams		application for BASIC.	A-Feb 05			
				Jen Adams		25.5.c Advanced FST skill application	P-May 06			
						integrated into advanced Family- Centered Out-of-Home Service In-	A-			
						Service module.				
	1	1		l .		bet vice module.				

				Program Impro	vement Implementa	tion		
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Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6		Improvement				Benchmark	Goal
	A	N/A						
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004) 1st Quarter performance = 62.8% Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006 A-
			report data):	26.1 Revised current policy to clarify an Administrative Review and requirements	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures. 26.1.b Draft policy sent to policy review team and management.	P-Feb 05 A-Jul 04 P-Mar 05 A-Aug 04	
				Susan Savage	Policy revision Policy disseminated	26.1.c Feedback received and revisions made. 26.1.d New policy distributed to CD staff.	P-Apr 05 A-Aug 04 P-Jun 05 A-Aug 04	
				26.2 Recruit 3 rd party participants for Administrative Reviews	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews. 26.2.b Circuit Managers scheduled and	P-May 05 A- P-May 05	
				Cindy Wilkinson		assigned individual reviewers to cases.	A-	

				Program Improv	vement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6		Improvement				Benchmark	Goal
	A	N/A						
				26.3 Increase ability to track 6 month	System logic	26.3.a Met with MIS and developed system logic needed to add fields to	P-Aug 04	
				Administrative Reviews separately from FSTs	CS-1 revision	SS-61. 26.3.b Revised the SS-61 to denote Administrative Review.	A-Aug 04 P-Jan 05 A-Aug 04	
				Cindy Wilkinson	Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.	P-Jan 05 A-Aug 04	
Item 27: Provides a process that		X	Will extract data on most recent court		disseriment		TITING O	P-Dec 2006
ensures that each child in foster care under the			date from ACTS system.					A-
supervision of the State has a permanency			Baseline to be established by March 2005					
hearing in a qualified court or			Baseline for LS 1-3					
administrative body no later than 12 months from			children on 3/31/05 = 86.3%					
the date the child entered foster care			Goal 88.0% with a 2 % increase					
and no less frequently than every 12 months								
thereafter.				27.1 Improve access to		27.1.a See P1.9.4.a		
				legal representation for CD.		27.1.b See P1.9.4.b 27.1.c See P1.9.4.c		
				Fred Simmens		27.1.d See P1.9.4.d 27.1.e See P1.9.4.e	-	
						27.1.f See P1.9.4.f 27.1.g See P1.9.4.g	-	
						27.1.h See P1.9.4.h 27.1.i See P1.9.4.i		
				27.2 Implement training to develop		27.2.a Current curriculum evaluated by Division of Legal Services.	P-Apr 05 A-Dec 04	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or Systemi Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	riction steps	Wedsarement		Benchmark	Goal
	A	N/A						
				testifying skills for CD staff.		27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-	
					Curriculum	27.2.c Based on evaluation and	P-Oct 05	
				Jeff Adams	modified	technical assistance curriculum modified.	A-	
						27.2.d Modified curriculum approved.	P-Dec 05 A-	
					Training	27.2.e Modified curriculum	P-Mar 06	
					curriculum	incorporated into Basic and OJT for		
				27.3 Increase the		existing staff.	A-	
						27.3.a See 27.2.a		
				timeliness of 12 month		27.3.b See 27.2.b		
				Permanency Hearings		27.3.c See 27.2.c		
						27.3.d See 27.2.d		
				Cindy Wilkinson		27.3.e See 27.2.e		
				Kathryn Sapp	Report on circuits	27.3.f Collaborated with OSCA at the	P-May 05	
					where issues need	state level to ensure joint		
					to be addressed	accountability for timely court hearings	A-	
						and identify circuits where CD and		
						court issues needed to be addressed.		
					Workgroup	27.3.g Developed on-going Court	P-June 05	
					participant list	Issues workgroup to monitor timeliness		
						of hearings.	A-	
						27.3.h Developed local protocols between the court and CD offices to	P-July 05	
						ensure timely hearings.	A-	
					FST policy	27.3.i Revised Family Support Team	P-Jul 05	
					revision	policy to assure 12 month Permanency	r-Jui 05	
					Tevision	Hearing date is discussed and	A-	
						documented during team meeting.	Α-	
						27.3.j Incorporated new FST policy	P-Aug 05	
						into BASIC and OJT training for	A-	
						existing staff.	11	
				27.4 Provide cross		27.4.a See P1.7.4.a		
				training to judiciary,		27.4.b See P1.7.4.b	1	
				court staff, GALs and		27.4.c See P1.7.4.c	1	
				Children's Division		27.4.d See P1.7.4.d	1	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5		Improvement				Benchmark	Goal
	Α	N/A						
				staff on ASFA &		27.4.e See P1.7.4.e		
				Permanency hearings		27.4.f See P1.7.4.f		
				consistent with state				
				and federal regulations.				
				Jeff Adams				
Item 28: Provides a process for		X	Baseline 83.4%		Monitored through PRR V-			P-Dec 2006
termination of			1 st Quarter PRR		14:			A-
parental rights			results = 84.9%		TPR has occurred			11
proceedings in					or been filed			
accordance with			Goal 87.5%		when the child			
provisions of			(Goal established is		has been in Out-			
ASFA.			calculated by taking		of-Home Care for			
			the average of 8 quarters performance		15 of the most recent 22 months,			
			in 2003 and 2004 and		or compelling			
			adding 5% of the		reasons are			
			average to measure		documented.			
			improvement.)					
				28.1 Improve access to		28.1.a See P1.9.4.a	_	
				legal representation for CD.		28.1.b See P1.9.4.b	_	
				CD.		28.1.c See P1.9.4.c 28.1.d See P1.9.4.d	_	
				Jim Harrison			_	
						28.1.e See P1.9.4.e		
						28.1.f See P1.9.4.f		
						28.1.g See P1.9.4.g		
						28.1.h See P1.9.4.h	_	
				20 2 Ctman at 1		28.1.i See P1.9.4.i		
				28.2 Strengthen worker/supervisor skills		28.2.a See S2.3.2.a 28.2.b See S2.3.2.b	-	
				in engaging families in		28.2.6 See S2.3.2.6 28.2.c See S2.3.2.c	+	
				the assessment, case		28.2.d See S2.3.2.d	†	
1				planning and case plan		28.2.e See S2.3.2.e	1	

		Program Improv	vement Implementa	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement				Benchmark	Goal
A N/A						
		review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		28.2.f See S2.3.2.f		
		Kathryn Sapp 28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented. Cindy Wilkinson		28.3.a See P1.9.1a 28.3.b See P1.9.1.b 28.3.c See P1.9.1.c 28.3.d See P1.9.1.d 28.3.e See P1.9.1.e		
		28.4 Improve diligent search for relatives/parents Bonnie Washeck		28.4.a See P1.6.2.a 28.4.b See P1.6.2.b 28.4.c See P1.6.2.c 28.4.d See P1.6.2.d		
		28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required. Fred Simmens	Draft proposal Meeting agenda Draft legislation	28.5.a Proposal drafted. 28.5.b Written proposal reviewed by OSCA and the Department. 28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal. 28.5.d Advocated for proposed legislation.	P-Aug 05 A- P-Oct 05 A- P-Nov 05 A- P-Jun 06 A-	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Deficilitate	Goai
	A	N/A						
Item 29: Provides		X		29.1 Increase ability of		29.1.a Implemented HB 1453.	P-Aug 04	
a process for				foster parents to be			A-Aug 04	
foster parents, re-				notified of and heard in	Consumer survey	29.1.b Revised consumer surveys for	P-Jun 05	
adoptive				court.		foster parents, youth and bio parents to		
parents, and				Jim Harrison		incorporate questions regarding	A-	
relative caregivers						notification of court hearings and		
of children in				•		opportunity to be heard in court.		
foster care to be						29.1.c Emphasized to staff the	P-Mar 05	
notified of, and						importance of including correct names	A-Apr 05	
have an						and addresses in court reports.		
opportunity to be					Cross training	29.1.d Comprehensive Child Welfare	P-May 05	
heard in, any					curriculum	Training completed with OSCA.	A-	
review or hearing								
held with respect to the child.								
Item 30: Standards	X							
to assure quality	Λ							
services and ensure								
children's safety								
and health								
Item 31:	X							
Identifiable QA								
system that								
evaluates the quality of services and								
improvements								
Item 32: Provision	X							
of ongoing staff	1							
training that								
addresses the								
necessary skills and								
knowledge								
Item 33: Ongoing		X						
training for staff		1						
				33.1 Develop		33.1.a Professional Development and	P-Feb 04	1
				supervisory training for		Training collaborated with HRC for		
				front line supervisors.		on-going supervisors training.	A-Feb 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 111		Improvement	redon steps	Tyrousuroment		Benchmark	Goal
	A	N/A						
					Training agenda	33.1.b Implemented Module Four of	P-Mar 04	
				Jeff Adams		the CPS Supervisor Training Project.	A-Apr 04	
					Training agenda	33.1.c Implemented Module Five of	P-Jul 04	
						the CPS Supervisor Training Project.	A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the	P-Oct 04	
						CPS Supervisor Training Project.	A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project	P-Dec 04	
						Debriefing.	A-Dec 04	
					List of trainings	33.1.f HRC supervisor administrative	P-Dec 04	
					offered	pre-service training began for CD	A-Nov 04	
						supervisors.		
					Curriculum	33.1.g Professional Development and	P-July 05	
					developed	Training completed development of	A-	
						new supervisor training		
						curriculum/structure including initial		
						and on-going training.		
						33.1.h Training curriculum reviewed	P-Aug 05	
						and approved by CD management.	A-	
						33.1.i Professional Development and	P-Aug 05	
						Training selected one rural and one		
						metro field test site.	A-	
						33.1.j Professional Development and	P-Sep 05	
						Training field tested curriculum in two		
					P 1	test sites	A-	
					Evaluation report	33.1.k Professional Development and	P-Jan 06	
					G : 1	Training evaluated field test results	A-	
					Curriculum	33.1.1 Professional Development and	P-Jan 06	
					revised	Training, revised curriculum based on	A-	
						evaluation	D.I. Oc	
						33.1.m Professional Development and	P-June 06	
						Training implemented curriculum statewide.	A-	
				33.2 Develop advanced	Curriculum	33.2.a Professional Development and	P-Oct 04	
				in-service training	developed	Training developed advanced in-		
				module for	-	service curriculum for investigators	A-Sept 04	
				investigations and		and assessors.		

				Program Impro	vement Implementa	ntion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6		Improvement				Benchmark	Goal
	A	N/A						
				assessments		33.2.b CD administration approved advanced investigation and assessment	P-Nov 04	
				Jeff Adams		in-service training module.	A-Sept 04	
					Training dates	33.2.c Professional Development and Training began training advanced	P-Jan 05	
						investigation and assessment curriculum.	A-Sept 04	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced	P-June 05	
					Tevised	investigation and assessment training module and made revisions.	A-	
						33.2.e Professional Development and Training implemented revised	P-Jul 05	
						investigation and assessment advanced in-service training statewide.	A-	
				33.3 Develop	Workgroup	33.3.a Professional Development and	P-Feb 04	
				advanced in-service training module for Family- Centered	participant list	Training formed workgroup to develop Family-Centered Services advanced inservice training module.	A-Feb 04	
				Services Services	Focus group	33.3.b Professional Development and	P-Mar 04	
				Jeff Adams	report	Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered	P-Mar 04	
						Service focus group feedback.	A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-	P-Aug 05	
					ar verspen	service curriculum for Family-Centered Services.	A-	
						33.3.e CD administration approved advanced Family-Centered Services in-	P-Aug 05	
						service training module.	A-	
					Training dates	33.3.f Professional Development and Training began training advanced	P-Sep 05	
						Family-Centered Services curriculum.	A-	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Benchinark	Goai
	A	N/A						
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-	
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06	
				33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care Services	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
				Jeff Adams	focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced inservice curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement
Conformity	1 .	1 27/1	Improvement					
	A	N/A			G : 1		D 14 04	
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-	
				33.5 Enhanced On-The- Job (OJT) Training	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
				Jeff Adams	Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-Mar 05	
					•	33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-	
				33.6 Create training advisory Committee to annually assess needs and evaluate training	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 A-Apr 05	
				Jeff Adams	Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 A-Pending	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 A-	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 A-	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	

				Program Improv	vement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Beneminark	Goar
	A	N/A						
				Cindy Wilkinson	Training agenda	33.7.b Held first CA/N Training	P-Apr 04	
						Institute Session	A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training	P-Nov 04	
						Institute	A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training	P-Feb 05	
						Institute	A-Feb 05	
				33.8 Provide training	Circuit Self-	33.8.a Circuits completed Circuit Self-	P-Aug 04	
				based on circuit	Assessments	Assessments	A-Aug 04	
				specific needs		33.8.b Circuits notified Professional	P-Nov 04	
						Development and Training Unit of		
				Cindy Wilkinson		targeted training needs	A-Nov 04	
						33.8.c Professional Development and	P-Jan 05	
						Training Unit to began providing		
						targeted training to circuits based on	A-Jan 05	
						identified need		
Item 34: Provision	X							
of training for								
caregivers and								
adoptive parents								
that parents								
addresses the								
necessary skills								
and knowledge		**						
Item 35: Service		X						
array				25 1 In annual Control		25.1 a Can W/D2 22.1		
				35.1 Increase access		35.1.a See WB3.22.1.a	_	
				and availability to		35.1.b See WB3.22.1.b	_	
				dental services		35.1.c See WB3.22.1.c		
				Bonnie Washeck		35.1.d SeeWB3.22.1.d		
						35.1.e SeeWB3.22.1.e		
				35.2 Increase the ability	Curriculum	35.2.a Professional Development and	P-Jan 04	
				of staff and families to	developed	Training developed Family Drug and		
				access Alcohol and		Safety Training based in focus group	A-Jan 04	
				Drug Abuse Services		information		
				(ADA)	Training agenda	35.2.b Presented Drug training to focus	P-Feb 04	
					and date	group	A-Feb 04	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	chievement Goal
Comorning	٨	N/A	mprovement					
	A	IN/A		Jeff Adams	Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-June 06	
				35.3 Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children. Cindy Wilkinson		35.3.a See P1.6.5.a 35.3.b See P1.6.5.b 35.3.c See P1.6.5.c 35.3.d See P1.6.5.d 35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting	Circuit self- assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
				classes and family/parent aide services.	CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06	
				Bonnie Washeck 35.5 Increase services to meet the needs of non-English speaking consumers.	Circuit self- assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
				Kathryn Sapp	Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05	

				Program Impro	vement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
	A	N/A						
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05	
				35.6 Increase availability of transportation services. Bonnie Washeck	Circuit self- assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
						35.6.b Recruited regional service organizations to provide transportation services.	P-May 05	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X						
				See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.		X						
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case		37.2.a See S2.3.2.a 37.2.b See S2.3.2.b 37.2.c See S2.3.2.c 37.2.d See S2.3.2.d		

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Deficilitiark	Goai
	A	N/A						
				planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		37.2.e See S2.3.2.e 37.2.f See S2.3.2.f		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X			Каштуп Зарр				
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X			_				

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System	ic Fac	tors and	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Deficilitate	Goai
	A	N/A						
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the number of resource families. Cindy Wilkinson		44.1.a See P1.6.5.a 44.1.b See P1.6.5.b 44.1.c See P1.6.5.c 44.1.d See P1.6.5.d 44.1.e See P1.6.5.e 44.1.f See P 2.12.3.a 44.1.g See P 2.12.3.b 44.1.h See P 2.12.3.c 44.1.i See P 2.12.3.d 44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

Children's Bureau Child and Family Services Reviews IV. Program Improvement Plan Matrix (PIP Matrix)

State: _	Missouri		ACF R	legional	Office:			
State con	tact and telephone:	Lee Temmen, 573-526-3735	 Region I		Region IV	_X_	Region VII	Region X
ACF Con	tact and telephone:	Ann Burds, 816 426-2260	 Region II		Region V		Region VIII	
Date and	quarter submitted:	August 30, 2005 Second Quarter	 Region III	—	Region VI		Region IX	

A = Achieved N/A = Not Achieved

		Program Impro	vement Implementat	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing to Non- Conformity	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
A N/A						
Safety Outcome S1: .						
Item 1: Timeliness of initiating investigations of reports of child maltreatment	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004) 2nd Quarter performance = 77.4% Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement. Progress to be tracked quarterly over two year period		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected- Dec 2006 Actual-

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal Goal
	A	N/A	•					
			from CD Outcomes Report).					
				S1.1.1 Clarify policy regarding timeliness of initiating reports of		S1.1.1.a Refined definition of "initiating" reports.	P-Mar 05 Actual- Mar 05	
				child maltreatment.		S1.1.1.b Policy clarified regarding multi disciplinary team contact.	P- Mar 05 A-Mar 05	
				Kathryn Sapp		S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child.	P-Mar 05 A-Mar 05	
					Policy issuance	S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-May 05	
				S1.1.2 Increase accuracy of data		S.1.1.2.a Data system entry guidelines clarified for "initial contact".	P-Aug 05 A-	
				regarding initial contact. Kathryn Sapp		S.1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-	
				Susan Savage	PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
				for managing non CA/N referrals	Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte	P-May 04 A-May 04	
				Virginia Lewis-Brunk	Training agenda	Counties. S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Belicilliark	Goai
	A	N/A						
						S1.1.3.d Launched a non CA/N referral	P-Jul 04	
						alternate response process in Jackson,	A-Jul 04	
						Clay and Platte Counties.		
					Pilot data	S1.1.3.e Convened workgroup to	P-Jan 05	
						evaluate CD/FSD pilot for non CA/N	A-Jan 05	
						referrals.		
					Recommendations	S1.1.3.f Workgroup to provide	P-Apr 05	
					report	recommendations for modifications of		
						non CA/N referral protocol and test	A-Apr 05	
						sites continuations.		
					Recommendation	S1.1.3.g Recommendation plans	P-Jun 05	
					Plan	finalized.	A-Jun 05	
					Implementation	S1.1.3.h Implementation plans	P-Aug 05	
					plan	finalized to implement in target areas.	A- Pending	
				S1.1.4 Develop	Circuit self-	S1.1.4.a Circuit level assessment to	P-Oct 04	
				improvement plan to	assessments	evaluate CA/N response completed.	A-Aug 04	
				respond timely to	Established	S1.1.4.b Local protocol for CA/N	P-Mar 05	
				reports of maltreatment	protocol	response established.	A-Mar 05	
					Implemented	S1.1.4.c Implemented local protocol	P-Apr 05	
				Kathryn Sapp	protocol	for improvement of maltreatment.	A-Apr 05	
						S1.1.4.d Monitored the improved	P-Jul 05	
						timeliness of initial child contact.	A-Jul 05	
				S1.1.5 Call	Protocols	S1.1.5.a Began development of SDM	P-Dec 03	
				Management and	developed	and Call Management protocols for	A- Dec 03	
				Structured Decision		CA/N HU.		
				Making (SDM)		S1.1.5.b Incorporated SDM and Call	P-Apr 04	
				Protocols Implemented		management protocols into CA/N HU		
				at the Child Abuse and		process.	A-Apr 04	
				Neglect Hotline Unit	Training agenda	S1.1.5.c Remaining CA/N HU staff	P-Aug 04	
				(CA/N HU) to provide		trained on protocols and using call		
				consistent screening	G . 27.77	management system.	A-Aug 04	
				and classification of	CA/N HU	S1.1.5.d CA/N HU Supervisory	P-Sept 05	
				calls received.	Supervisory	Review tool developed to assess		
				Charletta Caash	Review Tool	quality.	A-	
				Charlotte Gooch	developed	G115 GANILLE	D.G 0.5	
						S1.1.5.e CA/N Hotline protocols	P-Sept 05	
						automated.	A-	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Benchmark	Goal
	A	N/A						
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A-	
Item 2: Repeat maltreatment		X	CA/N Recidivism Nat'l Standard 6.1 % or less					P-Dec 2006
Recurrence of Maltreatment:			MO FFY 2003 NCANDS					A-
Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period			Baseline 8.3% NCANDS Goal 7.4% (Based on Federal formula for goal setting) 2 nd quarter performance based on quarterly Outcome Report 5.8% not NCANDS. NCANDS data not available quarterly.					
				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment.	PRR revision Training curriculum	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool. S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results.	P-Jan 04 A-Feb 04 P-Feb 04 A-Mar 04	-
				Kathryn Sapp Cindy Wilkinson	Training agenda	S1.2.1.c Conducted initial in-service training with CD and court staff.	P-Jun 04 A-Jun 04	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Вененник	Gour
	A	N/A						
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record Review Outcomes.	P & A-On- going & quarterly	
					In-service training agenda	S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.	P-Feb 05 A-Dec 04	
						S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool. S1.2.1.g Evaluate results of review,	P-Apr 05 A-Apr 05 P-Jul 05	_
						identify circuits whose needs are more imminent for the training.	A-Jul 05	
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-	
Incidence of Child Abuse and/or Neglect in Foster Care: Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?			CA/N in AC Nat'l Standard 0.57% or less MO FFY 2003 NCANDS Baseline 0.37% Goal Achieved	S1.2.2 Implementation	Training agenda	S1 2 2 a All staff trained in CSF	P-Iul 04	P-Dec 2006 A-
				S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process.	Training agenda Training agenda	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene. S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.	P-Jul 04 A-Jul 04 P-Jul 04 A-Jul 04	_

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		Program Improv	vement Implementa	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement
Conformity	Improvement				Вененник	Cour
A N/A						
		Susan Savage		S1.2.2.c In-house expertise developed	P-Dec 04	
				for training	A-Dec 04	4
			Evaluation report	S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection	P-Mar 05 A-Mar 05	
			Modified curriculum	S1.2.2.e Strengths in summary and CSE curriculum identified by statewide committee.	P-Aug 05	
			Submission of expansion and training plan	S1.2.2.f Strengths in summary and CSE curriculum incorporated into policy and practice through policy	P-Jan 06 A-	
		G1 2 2 Gtorred to a		memo and localized training.		
		S1.2.3 Strengthen policy regarding assessment of safety at	Policy developed	S1.2.3.a Developed policy regarding assessment of safety at and throughout placement.	P-May 05 A-Pending	
		and throughout placement. Cindy Wilkinson	Policy disseminated	S1.2.3.b Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight.	P-June 05 A-Pending	
		S1.2.4 Practice		S1.2.4.a Developed PET roles and	P-Feb 05	
		Enhancement Teams		responsibilities.	A-Feb 05	
		(PET) assist Circuit Managers in	Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
		development of improvement strategies to reduce repeat maltreatment and CA/N	Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-Apr 05	
		in foster care. Bonnie Washeck	List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05 A-Jul 05	
			Program improvement plans developed	S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	P-Aug 05	

				Program Impro	vement Implementa	tion		
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Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	ng to N	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Deficilitation	Goai
	A	N/A						
				S1.2.5. Strengthen policy and practice relating to chronic neglect and	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
				accumulation of harm. Kathryn Sapp	Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver	P-July 05 A-Jun 05	
						outcome. S1.2.5.d System enhancements for tracking/monitoring developed.	P-Jul 05 A-Pending	
						S1.2.5.e Three pilot sites selected (Jasper, Jefferson and Randolph counties) based on negotiations with Federal partners.	P-July 05 A-Jun 05	
					Training agenda	S1.2.5.f Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	
						S1.2.5.g Initiated pilots.	P-Aug 05 A-	
					Evaluation report	S1.2.5.h University of Missouri evaluated effectiveness of pilot sites based on waiver approval.	P-Feb 06	
					Outcome data	S1.2.5.i Based on results determined statewide applicability.	P-Mar 06 A-	
					Expansion plan developed	S1.2.5.j Developed state expansion plan.	P-Apr 06 A-	
						S1.2.5.k Expansion sites initiated.	P-Sept 06 A-	
				S1.2.6 Develop performance-based contract for foster parents	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-May 05	
				Bonnie Washeck		S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 ongoing A-	

				Program Impro	vement Implementat	tion		
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Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
Safety Outcome S2:								
Item 3: Services to family to protect child(ren) in home and prevent removal		X	Baseline 80.4% 2nd quarter PRR results = 81.3% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Peer Record Review (PRR) IV-15 Rating of the overall quality of the service plan and service delivery			P-Dec 2006 A-
			•	S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial	Draft of CD-14 Evaluation report	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2. S2.3.1.b CD-14 family assessment tool field test expanded to other sites. S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Sep 04 A-Sep 04 P-May 05 A-Feb 05 P-Jun 05 A-Mar 05	

1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	-5 00 11	011	Improvement	Trough Stops	1/104/54/10110110		Benchmark	Goal
	A	N/A						
				and ongoing assessments; include a	Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-Apr 05	
				mechanism for family self-assessment and		S2.3.1.e Recommendations regarding changes made.	P & A On-going	
				identified areas specifically related to	Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 A-	
				child safety and risk concerns (to be	Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-	
				completed concurrently with S2.3.2)		S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-	
				Kathryn Sapp S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04 A-Aug 04	
				review process to increase parent,	Supplemental Supervisory	S2.3.2.b Focus group results compiled and used for supplemental supervisory	P-Oct 04	
				caregiver (alternative care provider) and child involvement in case	Training Training curriculum	training. S2.3.2.c Training curriculum developed and supplemental FST	A-Oct 04 P-Feb 05	
				assessment, plan development and	developed and began	training began.	A-Feb 05	
				reassessment. Bonnie Washeck		S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually A-	

				Program Improv	vement Implementa	tion		
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Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6		Improvement				Benchmark	Goal
·	A	N/A	•					
				S2.3.3 Improve supervisory capacity to monitor enhanced		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-May 05	
				practice relating to case planning.	Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-Pending	
				Susan Savage		S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-	
					Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 A-	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 A-	
				S2.3.4 Establish procedures to access		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-	
				various service funding streams. Bonnie Washeck	Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-	
				S2.3.5. Per new legislation, develop state comprehensive		S2.3.5.a Barriers identified for children needing mental health services. S2.3.5.b Funding mechanisms	P-Jan 05 A-Jan 05 P-Jan 05	
				children's mental health plan to increase level of cooperation	Coordination plan	established for providing mental health services. S2.3.5.c Plan developed for	A-Jan 05 P-Jan 05	
				between court, mental health, child welfare	Coordination plan	coordination of resources from multiple agencies.	A-Jan 05	
				and families.		S2.3.5.d Evaluation methodology established.	P-Jan 05 A-Jan 05	
				Jim Harrison	Report submission	S2.3.5.e Report with recommendations submitted to legislators and governor.	P-Jan 05 A-Jan 05	

	Program Improvement Implementation										
1			2	3	4	5	6	7			
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement			
Conformity	5 10 111	711	Improvement	riction Steps	1viousurement		Benchmark	Goal			
	A	N/A									
Item 4: Risk of harm to child(ren)		X	Baseline 89.4% 2nd quarter PRR results = 90.9 % exceeds goal. Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment.			P-Dec 2006 A-			
				S2.4.1 Ensure	SDM Review	S2.4.1.a See S1.2.1.a					
				consistent and accurate	Tool	S2.4.1.b See S1.2.1.b					
				completion of SDM safety and risk		S2.4.1.c See S1.2.1.c					
				assessment.		S2.4.1.d See S1.2.1.d	1				
				~		S2.4.1.e See S1.2.1.e					
				Cindy Wilkinson		S2.4.1.f See S1.2.1.f	1				
						S2.4.1.g See S1.2.1.g					
				S2.4.2 Implementation		S2.4.2.a See to S1.2.2.a					
				of "Confirming Safe		S2.4.2.b See to S1.2.2.b					
				Environments" process.		S2.4.2.c See to S1.2.2.c					
				Susan Savage		S2.4.2.d See to S1.2.2.d					
				Busan Bavage		S2.4.2.e See to S1.2.2.e					
						S2.4.2.f See to S1.2.2.f	-				
				S2.4.3 Implement	Policy	S2.4.2.g See to S1.2.2.g S2.4.3.a Policy for enhanced	P-Aug 04				
				enhanced background	disseminated	background screening implemented	r-Aug 04				
				screening for		statewide.	A-Aug 04				

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Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement	riction steps	Wicasarement		Benchmark	Goal
A N/A						
		foster/kinship and court ordered providers. Cindy Wilkinson		S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 ongoing A-Aug 04 ongoing	
		S2.4.4 Development of		S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
		"Culture of Care Initiative" for	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
		improving safety and nurturance of children	Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
		in a residential care setting.		S2.4.4.c Curriculum approved by CD administration.	P-May 04 A-May 04	
		Fred Proebsting	Tarinia	S2.4.4.d Roundtables held with CEO's to discuss curriculum. S2.4.4.e NRC Train-the-Trainers	P-Jul 04 A-Jul 04	
			Training agenda	session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
				S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
		S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas		S2.4.5.a See S2.3.1.a S2.4.5.b See S2.3.1.b S2.4.5.c See S2.3.1.c S2.4.5.d See S2.3.1.d S2.4.5.e See S2.3.1.e S2.4.5.f See S2.3.1.f S2.4.5.g See S2.3.1.g		

				Program Impro	vement Implementa	ation		
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Outcome or Syster Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Deficilitation	Goai
	A	N/A						
				specifically related to child safety and risk concerns.		S2.4.5.h See S2.3.1.h		
Permanency Outcome 1		X						
Item 5	X		Passed CFSR On-site review and 2002 AFCARS					
Item 6 : Stability of foster care		X	Stability in foster care. Nat'l Standard					P-Dec 2006
placement			86.7% or more					A-
			2nd quarter performance based on quarterly outcomes report = 74.3 not AFCARS formula. AFCARS					
			data not available. MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting)					
			6	P1.6.1 Increase system capacity to accurately track placement kinship vendor types.		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non- related, Not licensed 3) Kin, Non- related, Licensed.	P-Mar 05 A-Feb 05	
				Lesley Pettit		P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-May 05	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-	
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05 A-	

	Program Improvement Implementation							
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	U		Improvement	1			Benchmark	Goal
	A	N/A						
					Quarterly	P1.6.1.e Coding changes to be	P-Apr 06	
					Outcome Report	reflected in Quarterly Outcome Report.	A-	
				P1.6.2 Improve diligent		P1.6.2.a Potential explored for CD	P-Jul 04	
				search for		staff to access existing diligent search		
				relatives/missing		mechanisms.	A-Jul 04	
				parents.	Procedure	P1.6.2.b Diligent search procedure	P-Aug 04	
				D ' W 1 1	disseminated	developed, distributed, and monitored		
				Bonnie Washeck		through supervisory oversight.	A-Aug 04	
						P1.6.2.c Established agreements, as	P-Mar 05	
						necessary, with other state agencies (possibly through Family Support		
						Division and OSCA) to enhance access		
						to state databases as mechanisms for	A-Apr 05	
						diligent search.	71 71pi 03	
					Quarterly	P1.6.2.d CD staff utilize enhanced	P-Apr 05	
					outcome reports	diligent search mechanism and		
						monitored through supervisory	A-Apr 05	
						oversight.		
				P1.6.3 Expand use of	Plan disseminated	P1.6.3.a Plan written and disseminated	P-Aug 04	
				family support team		for HB 1453 requirement of a FST		
				meetings to promote		prior to or immediately after an		
				stability in alternative		impending move.	A-Aug 04	
				care placements		P1.6.3.b Made ACTS system changes	P-Aug 04	
				IZ atlana Cana		to track FSTs held prior to or		
				Kathryn Sapp Cindy Wilkinson		immediately after a move.	A-Aug 04	
				Chiay Whkhison		P1.6.3.c Central Office staff provided	P-Aug 04	
						training to regional staff on HB 1453 requirements	A-Aug 04	
						P1.6.3.d Regional staff provided	P-Sep 04	1
						localized training to existing staff on	1-Scp 04	
						HB 1453 requirement	A-Sep 04	
						P1.6.3.e Policy incorporated into	P-Dec 04	1
						BASIC training.	2 200 0 .	
							A-Dec 04	
					PRR	P1.6.3.f Updated PRR to assure pre-	P-Feb 05	
						placement FSTs.	A-Mar 05	

Outcome or Systemic Fact Item(s) Contributing to No Conformity A	Non-	2 Goal/Negotiated	3	4	5	6	_
Item(s) Contributing to No Conformity	Non-				_	O	7
Conformity				Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
A		Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	N/A						
			P1.6.4 Identify resource family types and shortages	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-Apr 05	
			Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified	P-May 05 A-Jul 05	
			P1.6.5 Increase number of resource families	Recruitment and retention plan developed	need. P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee	P-Jun 04 A-Jun 04	
			Cindy Wilkinson	Adopt US Kids campaign Request for Proposal	program. P1.6.5.b Implemented Adopt US Kids campaign. P1.6.5.c RFP written for performance based resource development contracts	P-Jul 04 A-Jul 04 P-Dec 04	
				Award letters	included the need for recruitment of resource homes to match our special needs population. P1.6.5.d Awarded recruitment and	A-Sept 04 P-Mar 05	
				Award letters	resource development contracts.	A-Jun 05	
				Circuit data	P1.6.5.e Resource and recruitment contractors worked with circuits to	P-Apr 05	
					determine resource family needs.	A-Apr 05	
			P1.6.6 Increase placement stability by improving matching capabilities for children		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in	P-Mar 06	
			in out-of-home settings. Cindy Wilkinson	Survey results	placement stability. P1.6.6.b Surveyed resource families to gather information regarding placement stability.	A-P-May 06	
					P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06 A-	
				Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06 A-	

				Program Improv	vement Implementa	tion		
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Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Benchinark	Goai
	A	N/A						
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06	
				P1.6.7 Evaluate support and training provided for relative/kinship resource families	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child	P-Dec 05	
					Analysis report	training curriculum. P1.6.7.b Data Collected and analyzed.	P-Feb 06	
				Cindy Wilkinson Jeff Adams	Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be	A- P-Sep 06	
						delivered to newly licensed relative/kinship providers.	A-	
Item 7: Permanency goal for child		X	Baseline 85.9% 2nd quarter PRR results = 85.4% Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)	D1 7.1 Enguro the	PRR V-12 The permanency plan was developed and it includes options for concurrent planning.	P1.7.1.a Circuit Managars analyzad	P. Aug 04	P-Dec 2006 A-
				P1.7.1 Ensure the frequency and timeliness of Family Support Team	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment. P1.7.1.b Initiated corrective action	P-Aug 04 A-Aug 04 P-Feb 05	
				Meetings occurs per policy	Corrective action plans	when data falls below goal set in strategic plan.	A-Apr 05	
				Kathryn Sapp Cindy Wilkinson	Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	

		Program Improv	vement Implementat	tion		
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Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A	chievement
Conformity	Improvement	Action Steps	Wieasurement		Benchmark	Goal
A N/A						
		P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
		reviewed and established P Kathryn Sapp Cindy Wilkinson T	Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Aug 04	
			Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Aug 04	
			Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-Oct 04	
			List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05 A-May 05	
			Protocol	P1.7.2.f Protocol developed for	P-Apr 05	
			developed	accessing expert facilitators.	A-May 05	
			Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 A-Sep 05	
			Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 A-Sep 05	
		P1.7. 3 Strengthen		P1.7.3.a Circuit Managers monitored	P-Mar 05	
		policy and practice		outcomes through PRR tool.	A-Mar 05	
		relating to concurrent planning.	Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement	P-May 05	
		G: 1 W.		plans.	A- Jul 05	
		Cindy Wilkinson	Training curriculum and revised child	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare	P-May 06 A-	
		D1 7 4 I	welfare manual	manual.	D.I. 04	
		P1.7.4 Increase collaboration with	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
		courts by providing cross training to judiciary, court staff, GALs and Children's		P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	
				P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04	

				Program Improv	vement Implementa	ation			
1			2	3	4	5	6	7	
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement	
Conformity	•		Improvement				Benchmark	Goal	
	A	N/A							
				Division staff on ASFA & Permanency hearings consistent with state	Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04		
				and federal regulations. Cindy Wilkinson	and federal regulations.		P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
				Cindy Wilkinson	Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year		
Item 8: Reunification, guardianship, or permanent placement with		X	Reunification Nat'l Standard 76.2% or more MO FFY 2003					P-Dec 2006 A-	
relatives.			AFCARS Baseline 59.8% AFCARS Goal 62.2% (Based on						
			Federal formula for goal setting).						
			2nd quarter performance based on quarterly outcomes report = 69.7% not AFCARS. AFCARS data not available.						
				P1.8.1 Address	Data reports	P1.8.1.a Prepared data on legal status	P-Dec 04		
				permanency and	Western	2, 3, and 4 children.	A-Feb 05		
				services needs of children in Legal Status 2, 3, and 4	Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05 A-Apr 05		

				Program Improv	m Improvement Implementation				
1			2	3	4	5	6	7	
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement	
Conformity	6		Improvement				Benchmark	Goal	
	A	N/A							
				Bonnie Washeck	Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05 A-May 05		
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Apr 05 A-Aug 05		
						P1.8.1.e Revise AFCARS population if necessary.	P-Apr 05 A-Jul 05		
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status	P-July 05		
					Comparison data	2, 3, and 4 cases. P1.8.1.g Caseload analysis (comparison to LS1) completed Legal	A-Aug 05 P-Sept 05		
					PRR	status 2, 3, and 4. P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer	P-Oct 05		
						Record Review process.	A-		
				P1.8.2 Establish procedures to access various service funding streams.		P1.8.2.a See S2.3.4.a. P1.8.2.b See S2.3.4.b.			
				Bonnie Washeck					
				P1.8.3 Ensure		P1.8.3.a See P1.7.1.a			
				frequency and		P1.8.3.b See P1.7.1.b			
				timeliness of Family Support Team Meetings occurs per policy.		P1.8.3.c See P1.7.1.c			
				Kathryn Sapp Cindy Wilkinson					
				P1.8.4 Improve quality		P1.8.4.a See P1.7.2.a	_		
				of Family Support		P1.8.4.b See P1.7.2.b			
				Teams to assure the		P1.8.4.c See P1.7.2.c	-		
				review of permanency goal.		P1.8.4.d See P1.7.2.d P1.8.4.e See P1.7.2.e	-		
	1			50ai.		r1.6.4.e See P1.7.2.e			

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Deficilitark	Goai
	A	N/A						
				Kathryn Sapp		P1.8.4.f See P1.7.2.f		
				Cindy Wilkinson		P1.8.4.g See P1.7.2.g		
						P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase		P1.8.5.a See P1.7.4.a		
				collaboration with		P1.8.5.b See P1.7.4.b		
				courts by providing		P1.8.5.c See P1.7.4.c		
				cross training to new		P1.8.5.d See P1.7.4.d		
				judiciary, court staff, Children's Division		P1.8.5.e See P1.7.4.e		
				staff and GAL's on		P1.8.5.f See P1.7.4.f		
				ASFA & Permanency				
				hearings consistent				
				with state and federal				
				regulations				
				Cindy Wilkinson				
				P1.8.6 Increase	Contract	P1.8.6.a Contract developed to provide	P-Apr 04	
				collaboration with	developed	training.	A-Apr 04	
				courts by providing	Meeting minutes	P1.8.6.b Meeting held to discuss roles	P-Dec 04	
				cross training to		and responsibilities of CD and Juvenile		
				judiciary, court staff, GAL's and Children's	TD : : 1	Officers.	A-Oct 04	
				Division staff regarding	Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	P-May 05	
				roles and		court starr, GAL's and CD starr		
				responsibilities.			A-May 05	
				ponoromitos.			11 1114 05	
				Cindy Wilkinson				
				P1.8.7 Collaborate with	Meeting Minutes	P1.8.7.a Meeting held (with OSCA,	P-Mar 05	
				OSCA to explore		CD, and DLS) to look at existing data		
				barriers that would		and practices to identify problem areas	A-Oct 04	
				allow Juvenile Courts		and barrier to expeditious		
				to enter temporary		guardianship, including legislative and		
				custody orders and	D 11.0.1	policy change.	D.M. 05	
				transfer jurisdiction to Probate & Circuit	Proposal drafted	P1.8.7.b Proposal drafted for	P-Mar 05	
				Courts to expedite		legislative change. P1.8.7.c Written proposal reviewed by	A-Oct 04 P-Mar 05	
				guardianship.		OSCA, CD and DLS.	A-Sept 04	
	1			guaruransinp.		OSCA, CD and DLS.	A-Sept 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
Conformity			Improvement				Benchmark	Goal
	A	N/A						
				Jim Harrison		P1.8.7.d Proposal finalized and presented to Department for legislative change.	P-Mar 05 A-Jan 05	
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7. Jim Harrison		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody. P1.8.8.b See P1.6.1a P1.8.8.c SeeP1.6.1b P1.8.8.d See P1.6.1c	P-Oct 05	
				Lesley Pettit		P1.8.8.e See P1.6.1d P1.8.8.f See P1.6.1e		-
Item 9: Adoption	X		Adoption Nat'l Standard					P- Dec 2006
			32% or more MO FFY 2003 AFCARS Baseline 38.5%					A-
			Goal achieved	P1.9.1 Termination of Parental Rights will be	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-Feb 05	
			mai con doc	filed in a timely manner, except when compelling reasons are documented. Cindy Wilkinson Kathryn Sapp	Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-Jul 05	
					Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
						P1.9.1.d Incorporated into BASIC training.	P-Jun 05 A-Pending	
					Policy disseminated	P1.9.1.e Policy disseminated to staff and supervisory oversight	P-Aug 05 A-	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal Goal
Comornity	Ι Λ	N/A	Improvement					
	A	N/A			PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-	
				P1.9.2 Increase number of resource families.	Performance based contracts and outcome	P1.9.2.a See P1.6.5.a P1.9.2.b See P1.6.5.b P1.9.2.c See P1.6.5.c		
				Cindy Wilkinson	reports	P1.9.2.d See P1.6.5.d P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct	Request for Proposal	P1.9.3.a RFP written for performance based development contracts.	P-Sep 04 A-Sep 04	
				home studies and finalize adoptions. Cindy Wilkinson	Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized adoptions.	P-Mar 05 A-Mar 05	
					Award letters	P1.9.3.c Awarded performance based permanency and resource development contracts.	P-Mar 05 A-Jun 05	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per	P-Jul 05	
				P1.9.4 Improve access to legal representation for CD staff		available resources. P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys. P1.9.4.b Additional attorneys hired and	A-Aug 05 P-Jul 04 A-Jul 04 P-Sep 04	
				Jim Harrison		placed. P1.9.4.c DLS & Law Schools	A-Sep 04 P-Mar 05	
						identified funding sources for expansion of law school cooperative program.	A- Aug 05	
						P1.9.4.d DLS & Law schools requested funding program.	P-Mar 05 A-Aug 05	
					Establish workgroup	P1.9.4.e CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-Apr 05	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Benchinark	Goal
	A	N/A						
						P1.9.4.f CD/DLS contacted law schools in St. Louis to assess interest in expanding the existing cooperative program.	P-Apr 05 A-Aug 05	
					Develop draft protocol	P1.9.4.g Draft Protocol developed.	P-Apr 05 A-Apr 05	
						P1.9.4.h Protocols adopted.	P-May 05 A-Pending	
					Committee monitoring report	P1.9.4.i CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	P-July 05 A-Jul 05	
Item 10: Other planned living		X	Baseline 63.6%		PRR V-22 Youth 16 or older	Joint committee for improvement.	71 341 05	P-Dec 2006
arrangement			2nd quarter results for PRR V-22 = 51.1%		have an ILP plan documented in the case record (CS-1 Att.)			A-
			Goal = 66.4%		PRR V-21			
			Baseline 63.3%		Youth 16 or over, are participating			
			Goal = 66.4% 2nd quarter results		in or have completed ILP classes			
			for PRR V-21 = 70.6%		Classes			
			Goal established is calculated by taking the average of 8					
			quarters performance (in 2003 and 2004					
			and adding 5% of the average to measure improvement.)					
			improvement)	P1.10.1 Increase		P1.10.1.a See P1.6.5.a		
	<u> </u>			number and quality of		P1.10.1.b See P1.6.5.b		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	C		Improvement	1			Benchmark	Goal
	A	N/A						
				resource families for		P1.10.1.c See P1.6.5.c		
				older youth		P1.10.1.d See P1.6.5.d		
						P1.10.1.e See P1.6.5.e		
				Cindy Wilkinson	Discuss	P1.10.1.f Met with IL Specialists to	P-Mar 05	
					recruitment	discuss strategies on recruitment		
					activities	activities for locating homes for older		
						youth.	A-Mar 05	
					Recruitment	P1.10.1.g Met with IL Specialists to	P-Jun 05	
					activities report	report on community recruitment	A I.m 05	
						activities. P1.10.1.h Incorporated Ready, Set, Fly	A-Jun 05 P-Sep 05	_
						curriculum and Chafee video into	r-sep 03	
						foster parent training.	A-	
				P1.10.2 Increase	Distribute ETV	P.1.10.2.a Increased awareness of	P-Jan 2004	
				awareness of Chafee	material	Education and Training Voucher	1 3411 2004	
				program services to		Program through distributing		
				staff and community		information material to secondary and	A-Jan 2004	
				members		higher education programs		
					Youth conference	P1.10.2.b State Youth Advisory Board	P-July 04	
				Cindy Wilkinson		(SYAB) designed and hosted annual	annually	
						youth empowerment conference	A-July 04	
							Annually	
					Provide	P1.10.2.c ILP staff provided Chafee	P- Mar 04	
					information	informational meetings, seminars, workshops to CD staff, foster parents,	Ongoing	
					meetings	juvenile court, and youth serving	A-Mar 04	
						agencies.	Ongoing	
					Write and	P1.10.2.d CD memo written and	P-May 05	-
					disseminated	disseminated to staff involving ILP	= 1.12.5	
					memo	staff in the case planning process for		
						older youth and referring age	A-Sep 05	
						appropriate youth for Chafee services.	-	
					Distributed ETV	P1.10.2.e Designed and distributed	P-May 05	
					poster	ETV poster to schools and youth		
						serving agencies	A-Aug 05	
				P1.10.3 Increase	Implement Pre-	P1.10.3.a Designed and Implemented	P-June 04	
				program accessibility to	ILP Training	Pre-ILP Life Skills training curriculum		

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Systen			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	ig to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity	Ι	NT/A	Improvement					
	A	N/A		. 1 1:0 1:11	. 1	6 4 14 15	A T 04	
				provide life skills training services for	Youth conference	for youth 14-15. P1.10.3.b State Youth Advisory Board	A- June 04 P-July 04	
				older youth	Youth conference	(SYAB) designed and hosted annual	annually	
				older youth		youth empowerment conference	A-July 04	
				Cindy Wilkinson		youth empowerment conference	Annually	
				Cindy Wilkinson	Consult with	P1.10.3.c Consulted with SYAB	P-Dec 04	
					SYAB	members on needs of older youth.	Ongoing	
					51115	memoers on needs of order yourn.	A- Dec 04	
							Ongoing	
					Convene	P1.10.3.d Convened workgroup to	P-Feb 05	1
					workgroup and	address recommendations from Chafee		
					address	stakeholder and transitional living	A-Feb 05	
					recommendations	meetings on designating positions and		
						training plan for adolescent workers		
					Provide training	P1.10.3.e Training provided in	P-Feb 05	
					to selected staff in	designate areas to selected staff	. =	
					designed areas	interested in adolescent worker	A-Feb 05	
					GD.	positions	D 14 05	
					CD memo	P1.10.3.f CD memo written and	P-May 05	
						disseminated to staff involving ILP staff in the case planning process for	A-Sep 05	
						older youth and referring age	A-Sep 03	
						appropriate youth for Chafee services		
Permanency						appropriate youth for charee services		
Outcome P2:								
Item 11:	X							
Proximity of								
foster care								
placement					1			
Item 12:		X	Baseline 85.6		Monitored			P-Dec 2006
Placement with			0 1 DDD		through Peer			A-
siblings			2nd quarter PRR		Record Review			
			results = 86.8%		Question V-4:			
			Goal 89.9%		Siblings are placed together or			
			(Goal established is		there is ongoing			
			calculated by taking		visitation			
	1		carculated by taking		visitation	1		

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or Systemi			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Belicilliaik	Goai
	A	N/A						
			the average of 8					
			quarters performance					
			in 2003 and 2004 and					
			adding 5% of the					
			average to measure					
			improvement).	D2 12 1 7	D !! 1 1 1	D2 12 1 D 1	7	
				P2.12.1 Increase the	Policy developed	P2.12.1.a Policy developed for FST to	P-Aug 04	
				number of siblings		be required prior to separating siblings	A A 04	
				placed together	Policy	at any time during placement episode. P2.12.1.b Enhanced policy addressing	A-Aug 04	
				Kathryn Sapp	enhancement	the continual need for maintaining	P-Aug 04	
				Kaunyn Sapp	emancement	sibling relationship.	A-Aug 04	
					PRR results &	P2.12.1.c Circuit Managers monitored	P-Feb 05	
					Improvement	quarterly PRR results and	Ongoing	
					plans	improvement plans developed.	Quarterly	
					Piwiis	improvement plans de veropedi	A-Ongoing	
					Administrative	P2.12.1.d Developed administrative	P-Nov 05	
					review developed	process to review cases after siblings		
					-	are separated after 30 days.	A-	
				P2.12.2 Develop an		P2.12.2.a Emphasis on the importance	P-Nov 05	
				ongoing training		of sibling bonds, long term effects of		
				module regarding		separation, and importance of		
				sibling placements for		visitation, parentified child and sibling	A-	
				staff, foster parents, and		rivalries incorporated into foster parent		
				juvenile court staff.		training.		
				T. CC A dame		P2.12.2.b See P1.7.4.a		
				Jeff Adams		P2.12.2.c See P1.7.4.b		
						P2.12.2.d See P1.7.4.c		
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
						P2.12.2.g See P1.7.4.f	<u> </u>	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Benchmark	Goal
	A	N/A						
				P2.12.3 Increase	Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module. P2.12.3.a See P1.6.5.a	P-May 06	
				capacity for resource families that accept sibling groups. Cindy Wilkinson		P2.12.3.b See P1.6.5.b P2.12.3.c See P1.6.5.c P2.12.3.d See P1.6.5.d P2.12.3.e See P1.6.5.e		
Item 13: Visiting with parents and siblings in foster care.		X	2nd quarter PRR results = 84.5% Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement). Baseline 85.6% 1st quarter PRR results = 85.8% Goal 89.9% (Goal established is calculated by taking		Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification. Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.			P-Dec 2006 A-

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	8		Improvement				Benchmark	Goal
	Α	N/A						
			the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).					
				P2.13.1 Increase frequency and quality of parent/child and sibling visits. Cindy Wilkinson	Policy revision	P2.13.1.a Revised policy to improve qualitative and quantitative visitation plan requirements. P2.13.1.b Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Aug 05 A- P-Sept 05 A-	
				Cindy Wilkinson	PRR	P2.13.1.c Incorporated revisions into PRR tool.	P-Sept 05 A-	
					Quarterly data reports	P2.13.1.d Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 05	
					Practice improvement plans developed	P2.13.1.e Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 05	
					Revised policy and training module	P2.13.1.f Policy revision incorporated and staff training began: Advanced FCOOHC In-Service training module.	P-May 06 A-	
Item 14: Preserving connections		X	Baseline 23.3% 2nd quarter performance = 24.1% Goal 25.6% Baseline 83%		Relative Placement CD-Outcomes #17. Increase the number of children placed with relative provider			P-Dec 2006 A-

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Вененник	Gour
	A	N/A						
			quarter results for PRR = 85.4% Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure		PRR V-1 Consideration was given to relatives or kin for placement.			
			improvement.	P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care. Kathryn Sapp P2.14.2 Improve diligent search for	Evaluation report State plan developed	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation. P2.14.1.b Submitted evaluation recommendations to administration. P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability. P2.14.1.d Develop state plan to address preserving connections. P2.14.2.a See P1.6.2.a P2.14.2.b See P1.6.2.b	P-May 05 A-Pending P-July 05 A-Pending P-Aug 05 A- P-Oct 05 A-	
				relatives/missing parents Bonnie Washeck P2.14.3 Revise ICWA policy Cindy Wilkinson Kathryn Sapp	Policy revision CPS-1 CD-14 Policy disseminated	P2.14.2.c See P1.6.2.c P2.14.2.d See P1.6.2.d P2.14.3.a Revised ICWA policy to reflect best practice standards. P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools. P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 04 A-Aug 04 P-May 05 A-Apr 05 P-Aug 05	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6		Improvement	1			Benchmark	Goal
	A	N/A						
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-	
Item 15: Relative		X	Baseline 25.9%		Relative Placement			P-Dec 2006
placement			2nd quarter Outcome Reports results = 26.9% Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement). Progress to be tracked quarterly over two year period from CD Outcomes Report Baseline 83.0% 2nd quarter PRR results = 85.4% Goal 87.2%		Placement monitored through the number of children placed with relative provider in legal status 1-4 Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement			A-
			(Goal established is calculated by taking the average of 8					
			quarters performance					

				Program Impro	vement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal Goal
Conformity			Improvement				Benchmark	Goal
	A	N/A						
			adding 5% of the average to measure improvement).	P2.15.1 Increase system capacity to		P2.15.1.a See P1.6.1.a P2.15.1.b See P1.6.1.b		
				accurately track placement kinship vendor types. Lesley Pettit P2.15.2 Improve		P2.15.1.c See P1.6.1.c P2.15.1.d See P1.6.1.d P2.15.1.e See P1.6.1.e		
				diligent search for relatives/missing parents. Cindy Wilkinson		P2.15.2.d See P1.6.2.b P2.15.2.c See P1.6.2.c P2.15.2.d See P1.6.2.d	-	
				P2.15.3 Evaluate support and training provided for relative/kinship resource families Cindy Wilkinson Jeff Adams		P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b P2.15.3.c See P1.6.7.c		
Item 16: Relationship of child in care with parents		X	Baseline 91.0% 2nd quarter PRR results = 90.3% Goal 91.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006 A-

Program Improvement Implementation								
1 2 3 4 5	6	7						
Outcome or Systemic Factors and Goal/Negotiated Method of Benchmarks Toward A	chieving Goal Dates of	Achievement						
Item(s) Contributing to Non- Measure/Percent of Action Steps Measurement	Benchmark	Goal						
Conformity Improvement	Бененнагк	Cour						
A N/A								
average to measure improvement).								
P2.16.1 Improve P2.16.1.a See P1.6.2.a								
diligent search for non-								
custodial parent. P2.16.1.c See P1.6.2.c								
Bonnie Washeck P2.16.1.d See P1.6.2.d								
P2.16.2 Improve PRR Outcomes P16.16.2.a See S2.3.2.a								
engagement of non-P16.16.2.b See S2.3.2.b								
custodial parents in P16.16.2.c See S2.3.2.c								
case planning by P16.16.2.d See S2.3.2.d								
strengthening P16.16.2.e See S2.3.2.e								
worker/supervisor P16.16.2.f See S2.3.2.f								
skills in engaging								
families in the								
assessment, case planning and case plan								
review process.								
Increase parent,								
caregiver (alternative								
care provider) and child								
involvement in case								
assessment, plan								
development and								
reassessment.								
Kathryn Sapp								
Well Being								
Outcome 1								
Families have								
enhanced capacity to provide for								
children's needs								

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	ng to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Вененник	Cour
	A	N/A						
Item 17: Needs		X	Baseline 82.1%		PRR III-10			P-Dec 2006
and services of			On d. accounts a DDD		Rating for the			
child, parents, foster parents			2nd quarter PRR results = 83.5%		overall quality of the			A-
loster parents			168u1ts = 65.570		comprehensive			
			Goal 86.2%		assessment.			
			Baseline 91.0%		PRR III-3			
					The needs of the			
			2nd quarter PRR		family/child are			
			results = 91.6%		identified.			
			Goal 95.6%					
			(Goal established is					
			calculated by taking					
			the average of 8					
			quarters performance					
			in 2003 and 2004 and					
			adding 5% of the					
			average to measure					
	1		improvement).	XXXX 45 4 X		WD1 15 1 . G . G2 2 1		
				WB1.17.1 Improve		WB1.17.1.a See S2.3.1.a		
				family assessment and case plan tools to better		WB1.17.1.b See S2.3.1.b		
				link service provision		WB1.17.1.c See S2.3.1.c		
				to the needs of the bio		WB1.17.1.d See S2.3.1.d		
				family identified in the		WB1.17.1.e See S2.3.1.e		
				initial and ongoing		WB1.17.1.f See S2.3.1.f		
				assessments.		WB1.17.1.g See S2.3.1.g		
						WB1.17.1.h See S2.3.1.h		
				Kathryn Sapp				

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	to No	n-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benemiark	Goar
	A	N/A						
			Baseline 80.4% 2nd quarter PRR results = 81.3% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).	WB1.17.2 Strengthen workers skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp WB1.17.3	PRR IV-15 Rating for the overall quality of the service plan and service delivery process.	WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b WB1.17.2.c See S2.3.2.c WB1.17.2.d See S2.3.2.d WB1.17.2.e See S2.3.2.e WB1.17.2.f See S2.3.2.f		
				Implementation of "Confirming Safe		WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c		
				Environments" to		WB1.17.3.d See S1.2.2.d	1	
				reduce the risk for		WB1.17.3.e See S1.2.2.e	1	
				children in		WB1.17.3.f See S1.2.2.f	1	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or Syster Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Deficilitiark	Goai
	A	N/A						
				foster/kinship care to identify needs of child and providers. Cindy Wilkinson				
Item 18: Child and family involvement in case planning.		X	Baseline 74.1% 2nd quarter PRR results = 77.8 % Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).	Cindy Wilkinson	Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006 A-
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings. Bonnie Washeck	Protocol established	WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05 A-	
				WB1.18.2 Improve the quality of Family Support Team Meetings. Kathryn Sapp Cindy Wilkinson		WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c WB1.18.2.d See P1.7.2d WB1.18.2.e See P1.7.2e WB1.18.2.f See P1.7.2f WB1.18.2.g See P1.7.2g WB1.18.2.h See P1.7.2h		

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	C		Improvement	1			Benchmark	Goal
	A	N/A	•					
				WB1.18.3 Review and		WB1.18.3.a Collected parent	P-Aug 05	
				further develop a		handbooks used by various circuits.	A-	
				handbook, to be	Workgroup list	WB1.18.3.b Convened a work group to	P-Oct 05	
				distributed at the point		evaluate parent handbooks.	A-	
				of removal, to educate	Parent handbook	WB1.18.3.c Developed a universal	P-Jan 06	
				parents on their rights		parent handbook.	A-	
				and responsibilities,	Survey results	WB1.18.3.d Solicited consumer	P-Apr 06	
				court procedures, etc.		feedback on parent handbook	A-	
				C' 1 W''II'	Policy developed	WB1.18.3.e Developed policy on use	P-July 06	
				Cindy Wilkinson		of parent handbook.	A-	
					Policy	WB1.18.3.f Policy distributed to all	P-Sept 06	
					disseminated	staff and supervisory oversight.	A-	
					Training	WB1.18.3.g Policy Incorporated into	P-Oct 06	
					curriculum	BASIC training	A-	
Item 19: Worker		X	Baseline 72.8%		Foster Care cases			
visits with child –			O I DDD		monitored			
improve quantity			2nd quarter PRR		through Peer			
and quality			results = 76.3%		Record Review question V-16:			
			Goal 76.4%		The worker visits			
			(Goal established is		the child twice			
			calculated by taking		every month.			
			the average of 8		every monun.			
			quarters performance					
			in 2003 and 2004 and					
			adding 5% of the					
			average to measure					
			improvement).					
			•	WB1.19.1 Develop	Team	WB1.19.1a Appointed visitation policy	P-Jan 05	
				policy addressing the	appointments	and practice team.	A-Feb 05	
				quality of visits to	Convene meeting	WB1.19.1.b Convened first policy and	P-Feb 05	
				incorporate case		practice team meeting.	A-May 05	
				planning, service	Policy developed	WB1.19.1.c Team developed policy on	P-May 05	
				delivery and goal		visitation and draft protocol regarding		
				attainment.		quality of visits.	A-Pending	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement
Conformity			Improvement				Вененник	Cour
	A	N/A						
				Bonnie Washeck	Recommendations reviewed	WB1.19.1.d Recommendation reviewed by policy review team and executive staff.	P-Jun 05 A-Pending	
						WB1.19.1.e Policy disseminated to staff.	P-Aug 05 A-	
						WB1.19.1.f Utilize Practice Enhancement Teams (PET) to support protocols.	P-Aug 05 A-	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-	
				of-home cases. Cindy Wilkinson	PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-	
				Kathryn Sapp	Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	P-Sep 05 A-	
				WB1.19.3 Tracking system to track worker	pidiis	WB1.19.3.1.a Enhancements made to the existing ACTS and FCS system.	P-Feb 06 A-	
				visits (date/site). Jim Harrison		WB1.19.3.1.b SACWIS began to be available to track visitation in Case Management System.	P-May 06 A-	
Item 20: Worker Visit with		X	Baseline 85.3%		Intact and Foster Care Cases	Management System.	A-	P-Dec 2006
parent(s).			2nd quarter PRR results = 86.6% Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			A-

				Program Impro	vement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity		NT/4	Improvement					
	A	N/A		WD1 20 1 Ctross there	Protocols	WB1.20.1.a Protocols established in	D.M. 05	
				WB1.20.1 Strengthen worker relationships	established	WB1.20.1.a Protocols established in WB1.19.1.c included in adoptive	P-May 05	
				with biological or	established	parent training	A-Pending	
				adoptive parents.	Revise PRR	WB1.20.1.b Revised PRR to reflect	P-Jun 05	
						collateral contacts required per family		
				Bonnie Washeck		risk assessment/reassessment	A-Jun 05	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b	_	
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d WB1.20.1.g See S.2.3.2.e	-	
						WB1.20.1.h See S2.3.2.f		
				WID1 20 2 D.C.		WB1.20.1.II See S2.3.2.I		
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3				
				a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.		WB1.20.2.a See WB1.19.1.a-f		
				b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.		WB1.20.2.b See WB1.19.2 a-c		
				c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet								

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Benemiark	Goar
	A	N/A						
their educational needs								
Item 21: Children receive appropriate services to meet their educational needs		X	Baseline 95.6% 2nd quarter PRR results = 95.6% Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006 A-
			improvement.)	WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and	Protocol developed Education liaisons	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's. WB2.21.1.b Designated an education liaison at the state level.	P-Mar 05 A-Apr 05 P-May 05 A-May 05	
				Secondary Education (DESE) and local school districts.	Circuit Self Assessment	WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care.	P-May 05 A-Jul 05	
				Kathryn Sapp	Written local plans	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable.	P-May 05 A-Jul 05	
					Written State plan	WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Aug 05 A-	

		Program Improv	vement Implementa	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors an Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement	7 tetton steps	Wicasurement		Benchmark	Goal
A N/A						
		WB2.21.2 Improve the flow of educational records and reports when children transfer schools. Kathryn Sapp Cindy Wilkinson	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-Jun 05	
			Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 A-Pending	
		WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05	
		Cindy Wilkinson Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
			Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-	
			Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05	
			Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05	
			Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-	
				WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A	chievement
Conformity	g to INC)11-	Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				WB2.21.4 Decrease the incidence of		WB2.21.4.a Consulted with National Resource Center on Child	P-Apr 05	
				educational neglect,		Maltreatment and other national	A- Apr 05	
				truancy and suspension		education resources regarding early	-	
				of children for intact		identification of educational neglect,		
				_		truancy and suspension of intact families.		
					CD-14 revision	WB2.21.4.b Identification of risk	P-July 05	
						factors for educational neglect, truancy		
						or school suspension incorporated into	A-Jul 05	
						the CD-14.		
					Distribute youth	WB2.21.4.c Distribute Youth Training	P-Sep 05	
					training video	Video for teacher in-service training.	A-	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for	P-Oct 05	
						students at risk for educational neglect, truancy and suspension.	A-	
					Protocol	WB2.21.4.e Protocol developed for	P-Oct 05	
					developed	children expelled due to the Safe		
						School Act.	A-	
					Protocols	WB2.21.4.f Protocols distributed.	P-Nov 05	
					disseminated		A-	
						WB2.21.4.g Protocols incorporated	P-Dec 05	
W. II D : 0						into BASIC training.	A-	
Well-Being 3								
(WB3): Children receive adequate								
services to meet								
their physical and								
mental health								
needs.								

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Denemnark	Goar
	Α	N/A						
Item 22: Physical health of the child		X	Baseline 96.9%		PRR V-17: The physical needs of			P-Dec 2006
nearur or the clind			2nd quarter PRR results = 97.3%		the child are being met.			A-
			Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure					
			improvement.					
				WB3.22.1 Increase	Circuit Self	WB3.22.1.a Circuits identified	P-Mar 05	
				ability of Children's Division staff and	Assessment Dental	available local dental resources. WB3.22.1.b Dental coordinator	A-Aug 04 P-May 05	
				families to access	coordinator list	assigned to each region (local level) to	P-May 03	
				available dental resources.	Coordinator list	identify barriers and facilitate access to dental providers.	A-Jul 05	
					Notification letter	WB3.22.1.c Notified dental providers	P-Aug 05	
				Bonnie Washeck		of regional dental coordinators.	A-	
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS)	P-Aug 05	
						assessed and developed plan to reduce administrative burden on Medicaid providers.	A-	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program	P-Aug 05	
						expansion.	A-	
				WB3.22.2 Increase	CD-14 revision	WB3.22.2.a Revised CD-14 to include	P-July 05	
				capacity of staff to assess medical needs		assessment of medical needs of children in intact families.	A-Apr 05	
				of children in intact	Policy	WB3.22.2.b Issued revised form and	P-Sep 05	
				families.	disseminated	policy.	A-	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Вененник	Cour
	A	N/A						
				Bonnie Washeck	Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-	
Item 23: Mental health needs of the child		X	Baseline 96.4% 2nd quarter PRR results = 96.5% Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006 A-
				WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health	Circuit Self Assessment Mental Health Coordinator list	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment. WB3.23.1.b Five Regional Mental Health Coordinators designated.	P-Aug 04 A-Aug 04 P-Jan 05 A-Jan 05	
				resources. Jim Harrison	Written plan	WB3.23.1.c See S2.3.5 WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-May 05 A-May 05	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 111		Improvement	7 Cuon Steps	Wedstrement		Benchmark	Goal
	A	N/A						
				WB.3.23.2 Increase awareness of staff and		WB3.23.2.a See P1.6.3.a WB3.23.2.b Increased the number of	P & A-	
				foster parents regarding		staff and foster parents trained on	Ongoing	
				attachment and mental		Working with the Explosive Child (See	semi-	
				health issues.		Training Matrix).	annually	
						WB3.23.2.c Increased the number of	P-Sep 04	
				Cindy Wilkinson		staff and foster parents trained on Grief and Loss (See Training Matrix).	A-Sep 04 ongoing semi-annual	
					Curriculum	WB3.23.2.d Developed Reactive	P-Mar 05	
					developed	Attachment Disorder curriculum.	A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated	P-Sep 06	
					Training agenca	attachment issues training into	A-	
						on-going training.		
				WB3.23.3 Increase	CD-14 revision	WB3.23.3.a Incorporated assessment	P-July 05	
				capacity of staff to assess mental health needs of children in		of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	A-Apr 05	
				intact families.	Practice	WB3.23.3.b Circuit Managers	P-Apr 06	
					improvement	evaluated SCRT results and developed	ongoing	
				Kathryn Sapp	plans	practice improvement strategies as needed.(See S2.3.3 a-f)	quarterly A-	
Systemic Factors								
Item 24: System can identify the status, demographic	X							
characteristics, location and goals of children in foster care.								

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement
Conformity			Improvement				Benennan	0041
	A	N/A						
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 80.4% 2nd quarter PRR results = 81.3% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.	25.1 Improve family assessment and case plan tools to better link	Monitored through Peer Record Review question IV-15 Rating for the overall quality of the service plan and service delivery process.	25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c		
				service provision to the needs of the family identified in the initial and ongoing assessments. Kathryn Sapp 25.2 Strengthen		25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g 25.1.h See S2.3.1.h		
				worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		25.2.b See S2.3.2.b 25.2.c See S2.3.2.c 25.2.d See S2.3.2.d 25.2.e See S2.3.2.e 25.2.f See S2.3.2.f		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Ad Benchmark	Chievement Goal
Conformity			Improvement				Benefimark	Gour
	A	N/A						
				25.3 Improve		25.3.a See S2.3.3.a		
				supervisory capacity to		25.3.b See S2.3.3.b		
				monitor practice		25.3.c See S2.3.3.c		
				linking the assessment		25.3.d See S2.3.3.d		
				with the overall plan.		25.3.e See S2.3.3.e		
				D ' W 1 1		25.3.f See S2.3.3.f		
				Bonnie Washeck		25.3.g See S2.3.3.g		
						25.3.h See S2.3.3.h		
				25.4 Maximize		25.4.a See P1.6.2.a		
				parental/family		25.4.b See P1.6.2.b		
				involvement in Family		25.4.c See P1.6.2.c		
				Support Team		25.4.d See P1.6.2.d		
				Meetings.		25.4.e See S2.3.2 a		
						25.4.f See S2.3.2 b		
				Bonnie Washeck		25.4.g See S2.3.2 c		
						25.4.h See S2.3.2 d		
						25.4.i See S2.3.2 e		
						25.4.j See S2.3.2 f		
				25.5 Improve staff	Training	25.5.a Began offering 25 supplemental	P-Feb 05	
				facilitation skills for	curriculum	FST trainings to selected staff		
				Family Support Team		throughout state.	A-Feb 05	
				Meetings.		25.5.b Enhanced/Improved FST skill	P-Feb 05	
				T 00 1 1		application for BASIC.	A-Feb 05	
				Jeff Adams		25.5.c Advanced FST skill application	P-May 06	
						integrated into advanced Family-	A-	
						Centered Out-of-Home Service In-		
						Service module.	D G 06	
						25.5.d Advanced FST skill application	P-Sep 06	
						integrated into Advanced Family-		
						Centered Service In-Service module.	A-	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity	1 .		Improvement					
Item 26: Process for 6-month case reviews	A	X X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004) 2nd Quarter performance = 62.8% Goal 69% (Goal established through method		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006 A-
			described in Item 15 using Outcomes Report data).	26.1 Revised current policy to clarify an Administrative Review and requirements	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures. 26.1.b Draft policy sent to policy	P-Feb 05 A-Jul 04 P-Mar 05	
				Susan Savage	Policy revision Policy	review team and management. 26.1.c Feedback received and revisions made. 26.1.d New policy distributed to CD	A-Aug 04 P-Apr 05 A-Aug 04 P-Jun 05	
				26.2 Recruit 3 rd party participants for Administrative Reviews	disseminated Volunteer list	staff. 26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	A-Aug 04 P-May 05 A-Pending	
		Cindy Wilkinson		26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 A-Pending			
				26.3 Increase ability to track 6 month Administrative	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
				Reviews separately from FSTs	CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-Aug 04	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5		Improvement				Benchmark	Goal
	A	N/A						
					Revised form	26.3.c Revised form and instructions	P-Jan 05	
				Cindy Wilkinson	disseminated	distributed to all CD staff.	A-Aug 04	
Item 27: Provides		X	Will extract data on					P-Dec 2006
a process that			most recent court					
ensures that each			date from ACTS					A-
child in foster care under the			system.					
supervision of the			Baseline established					
State has a			on March 31, 2005					
permanency			011 17241 011 011, 2000					
hearing in a			Baseline for LS 1-3					
qualified court or			children on 7/31/05					
administrative			= 88.6%					
body no later than								
12 months from			Goal 88.0% with a 2					
the date the child entered foster care			<mark>% increase</mark>					
and no less								
frequently than								
every 12 months								
thereafter.								
				27.1 Improve access to		27.1.a See P1.9.4.a		
				legal representation for		27.1.b See P1.9.4.b		
				CD.		27.1.c See P1.9.4.c		
				E. 10'		27.1.d See P1.9.4.d		
				Fred Simmens		27.1.e See P1.9.4.e		
						27.1.f See P1.9.4.f		
						27.1.g See P1.9.4.g		
						27.1.h See P1.9.4.h		
						27.1.i See P1.9.4.i		
				27.2 Implement		27.2.a Current curriculum evaluated by	P-Apr 05	
				training to develop		Division of Legal Services.	A-Dec 04	
				testifying skills for CD		27.2.b Obtained technical assistance	P-Jun 05	
		1		staff.	Constant	from DLS, NRC and OSCA.	A-Jul 05	
		1		Jeff Adams	Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum	P-Oct 05 A-	
				Jen Adams	modified	modified.	Α-	
	<u> </u>	1				mounicu.		

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	g to IN		Improvement	Action Steps	Wieasurement		Benchmark	Goal
	A	N/A						
						27.2.d Modified curriculum approved.	P-Dec 05 A-	
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for	P-Mar 06	
				27.2 1		existing staff.	A-	
				27.3 Increase the timeliness of 12 month		27.3.a See 27.2.a 27.3.b See 27.2.b	-	
				Permanency Hearings		27.3.c See 27.2.c		
				r ermanency ricarings		27.3.d See 27.2.d		
				Cindy Wilkinson		27.3.e See 27.2.e		
				Kathryn Sapp	Report on circuits	27.3.f Collaborated with OSCA at the	P-May 05	
					where issues need	state level to ensure joint	1 may 03	
					to be addressed	accountability for timely court hearings	A-Jun 05	
						and identify circuits where CD and		
						court issues needed to be addressed.		
					Workgroup	27.3.g Developed on-going Court	P-June 05	
					participant list	Issues workgroup to monitor timeliness		
						of hearings.	A-Aug 05	
						27.3.h Developed local protocols	P-July 05	
						between the court and CD offices to	A A 05	
					ECT noline	ensure timely hearings.	A-Aug 05 P-Jul 05	
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency	P-Jul 05	
					Tevision	Hearing date is discussed and	A-Jul 05	
						documented during team meeting.	A-Jul 03	
						27.3.j Incorporated new FST policy	P-Aug 05	
						into BASIC and OJT training for	A-	
						existing staff.		
				27.4 Provide cross		27.4.a See P1.7.4.a		
				training to judiciary,		27.4.b See P1.7.4.b		
				court staff, GALs and		27.4.c See P1.7.4.c		
				Children's Division		27.4.d See P1.7.4.d		
				staff on ASFA &		27.4.e See P1.7.4.e		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6		Improvement	1			Benchmark	Goal
	A	N/A						
				Permanency hearings consistent with state and federal regulations. Jeff Adams		27.4.f See P1.7.4.f		
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.	process for ermination of earental rights proceedings in ccordance with provisions of	Baseline 83.4% 2nd Quarter PRR results = 85.8% Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006 A-	
				28.1 Improve access to legal representation for CD. Jim Harrison		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c 28.1.d See P1.9.4.d 28.1.e See P1.9.4.e 28.1.f See P1.9.4.f 28.1.g See P1.9.4.g 28.1.h See P1.9.4.h 28.1.i See P1.9.4.i		
				28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		28.2.a See S2.3.2.a 28.2.b See S2.3.2.b 28.2.c See S2.3.2.c 28.2.d See S2.3.2.d 28.2.e See S2.3.2.e		

		Program Improv	vement Implementa	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement				Benchmark	Goal
A N/A						
		review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		28.2.f See S2.3.2.f		
		Kathryn Sapp 28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented. Cindy Wilkinson		28.3.a See P1.9.1a 28.3.b See P1.9.1.b 28.3.c See P1.9.1.c 28.3.d See P1.9.1.d 28.3.e See P1.9.1.e		
		28.4 Improve diligent search for relatives/parents Bonnie Washeck		28.4.a See P1.6.2.a 28.4.b See P1.6.2.b 28.4.c See P1.6.2.c 28.4.d See P1.6.2.d		
		28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required. Jim Harrison	Draft proposal Meeting agenda Draft legislation	28.5.a Proposal drafted. 28.5.b Written proposal reviewed by OSCA and the Department. 28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal. 28.5.d Advocated for proposed legislation.	P-Aug 05 A- P-Oct 05 A- P-Nov 05 A- P-Jun 06 A-	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Deficilitate	Goai
	A	N/A						
Item 29: Provides		X		29.1 Increase ability of		29.1.a Implemented HB 1453.	P-Aug 04	
a process for				foster parents to be			A-Aug 04	
foster parents, re-				notified of and heard in	Consumer survey	29.1.b Revised consumer surveys for	P-Jun 05	
adoptive				court.		foster parents, youth and bio parents to		
parents, and						incorporate questions regarding	A-Jun 05	
relative caregivers				Bonnie Washeck		notification of court hearings and		
of children in				•		opportunity to be heard in court.		
foster care to be						29.1.c Emphasized to staff the	P-Mar 05	
notified of, and						importance of including correct names	A-Apr 05	
have an						and addresses in court reports.		
opportunity to be					Cross training	29.1.d Comprehensive Child Welfare	P-May 05	
heard in, any					curriculum	Training completed with OSCA.	A-May 05	
review or hearing							-	
held with respect to the child.								
Item 30: Standards	X							
to assure quality	Λ							
services and ensure								
children's safety								
and health								
Item 31:	X							
Identifiable QA								
system that								
evaluates the quality of services and								
improvements								
Item 32: Provision	X							1
of ongoing staff								
training that								
addresses the								
necessary skills and								
knowledge								
Item 33: Ongoing		X						1
training for staff		1						
				33.1 Develop		33.1.a Professional Development and	P-Feb 04	
				supervisory training for		Training collaborated with HRC for	110001	
				front line supervisors.		on-going supervisors training.	A-Feb 04	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	15 10 11		Improvement	riedon steps	1viousurement		Benchmark	Goal
	A	N/A						
					Training agenda	33.1.b Implemented Module Four of	P-Mar 04	
				Jeff Adams		the CPS Supervisor Training Project.	A-Apr 04	
					Training agenda	33.1.c Implemented Module Five of	P-Jul 04	
						the CPS Supervisor Training Project.	A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the	P-Oct 04	
						CPS Supervisor Training Project.	A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project	P-Dec 04	
						Debriefing.	A-Dec 04	
					List of trainings	33.1.f HRC supervisor administrative	P-Dec 04	
					offered	pre-service training began for CD	A-Nov 04	
						supervisors.		
					Curriculum	33.1.g Professional Development and	P-July 05	
					developed	Training completed development of	A-Jul 05	
						new supervisor training		
						curriculum/structure including initial		
						and on-going training.		
						33.1.h Training curriculum reviewed	P-Aug 05	
						and approved by CD management.	A-	
						33.1.i Professional Development and	P-Aug 05	
						Training selected one rural and one		
						metro field test site.	A-	
						33.1.j Professional Development and	P-Sep 05	
						Training field tested curriculum in two	_	
						test sites	A-	
					Evaluation report	33.1.k Professional Development and	P-Jan 06	
						Training evaluated field test results	A-	
					Curriculum	33.1.1 Professional Development and	P-Jan 06	
					revised	Training, revised curriculum based on	A-	
						evaluation		
						33.1.m Professional Development and	P-June 06	
						Training implemented curriculum	A-	
		<u> </u>				statewide.		
			<u> </u>	33.2 Develop advanced	Curriculum	33.2.a Professional Development and	P-Oct 04	
				in-service training	developed	Training developed advanced in-		
				module for		service curriculum for investigators	A-Sept 04	
				investigations and		and assessors.		

				Program Impro	vement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	0		Improvement				Benchmark	Goal
	A	N/A						
				assessments		33.2.b CD administration approved advanced investigation and assessment	P-Nov 04	
				Jeff Adams		in-service training module.	A-Sept 04	
					Training dates	33.2.c Professional Development and Training began training advanced	P-Jan 05	
						investigation and assessment curriculum.	A-Sept 04	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced	P-June 05	
						investigation and assessment training module and made revisions.	A-Jun 05	
						33.2.e Professional Development and Training implemented revised	P-Jul 05	
						investigation and assessment advanced in-service training statewide.	A-Jul 05	
				33.3 Develop	Workgroup	33.3.a Professional Development and	P-Feb 04	
				advanced in-service training module for Family- Centered	participant list	Training formed workgroup to develop Family-Centered Services advanced inservice training module.	A-Feb 04	
				Services	Focus group report	33.3.b Professional Development and Training workgroup conducted focus	P-Mar 04	
				Jeff Adams	Терогі	groups for feedback on Family- Centered Service training needs.	A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered	P-Mar 04	
						Service focus group feedback.	A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-	P-Aug 05	
						service curriculum for Family-Centered Services.	A-	
						33.3.e CD administration approved advanced Family-Centered Services in-	P-Aug 05	
						service training module.	A-	
					Training dates	33.3.f Professional Development and Training began training advanced	P-Sep 05	
						Family-Centered Services curriculum.	A-	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Achievement Goal
Comornity	A	N/A	Improvement					
	A	IV/A			Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06	
						33.3.h Professional Development and Training implemented revised Family- Centered Services advanced in-service training statewide.	P-Sep 06	
				33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care Services	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
				Jeff Adams	focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced inservice curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Benefillark	Goar
	A	N/A						
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06	
				33.5 Enhanced On-The- Job (OJT) Training	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
				Jeff Adams	Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-Mar 05	
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-Jun 05	
				33.6 Create training advisory Committee to annually assess needs and evaluate training	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 A-Apr 05	
				Jeff Adams	Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 A-Pending	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 A-Pending	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training	P-May 05	
						needs 33.6.e Plan submitted to CD administrators for approval	A-Pending P-Jul 05 A-Pending	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	0		Improvement				Benchmark	Goal
·	A	N/A	•					
				Cindy Wilkinson	Training agenda	33.7.b Held first CA/N Training	P-Apr 04	
						Institute Session	A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training	P-Nov 04	
						Institute	A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training	P-Feb 05	
						Institute	A-Feb 05	
				33.8 Provide training	Circuit Self-	33.8.a Circuits completed Circuit Self-	P-Aug 04	
				based on circuit	Assessments	Assessments	A-Aug 04	
				specific needs		33.8.b Circuits notified Professional Development and Training Unit of	P-Nov 04	
				Jeff Adams		targeted training needs	A-Nov 04	
						33.8.c Professional Development and	P-Jan 05	
						Training Unit to began providing		
						targeted training to circuits based on	A-Jan 05	
T. 24 D ::	37					identified need		
Item 34: Provision	X							
of training for caregivers and								
adoptive parents								
that parents								
addresses the								
necessary skills								
and knowledge								
Item 35: Service		X						
array								
·				35.1 Increase access		35.1.a See WB3.22.1.a		
				and availability to		35.1.b See WB3.22.1.b	1	
				dental services		35.1.c See WB3.22.1.c]	
						35.1.d SeeWB3.22.1.d	1	
				Bonnie Washeck		35.1.e SeeWB3.22.1.e	1	
				35.2 Increase the ability	Curriculum	35.2.a Professional Development and	P-Jan 04	
				of staff and families to	developed	Training developed Family Drug and		
				access Alcohol and		Safety Training based in focus group	A-Jan 04	
				Drug Abuse Services		information		
				(ADA)	Training agenda	35.2.b Presented Drug training to focus	P-Feb 04	
					and date	group	A-Feb 04	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	chievement Goal
Comorning	٨	N/A	mprovement					
	A	IN/A		Jeff Adams	Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-June 06	
				35.3 Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children. Cindy Wilkinson		35.3.a See P1.6.5.a 35.3.b See P1.6.5.b 35.3.c See P1.6.5.c 35.3.d See P1.6.5.d 35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting	Circuit self- assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
				classes and family/parent aide services.	CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06	
				Bonnie Washeck 35.5 Increase services to meet the needs of non-English speaking consumers.	Circuit self- assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
				Kathryn Sapp	Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-Jul 05	

				Program Impro	vement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
	A	N/A						
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05	
				35.6 Increase availability of transportation services.	Circuit self- assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
				Bonnie Washeck		35.6.b Recruited regional service organizations to provide transportation services.	P-May 05 A- Jul 05	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X						
				See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.		X						
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case		37.2.a See S2.3.2.a 37.2.b See S2.3.2.b 37.2.c See S2.3.2.c 37.2.d See S2.3.2.d		

				Program Improv	ement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	•			Benchmark	Goal
	Α	N/A						
				planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		37.2.e See S2.3.2.e 37.2.f See S2.3.2.f		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X			Kathryn Sapp				
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System	ic Fac	tors and	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing Conformity	g to No		Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the		44.1.a See P1.6.5.a		
				number of resource		44.1.b See P1.6.5.b		
				families.		44.1.c See P1.6.5.c		
						44.1.d See P1.6.5.d		
				Cindy Wilkinson		44.1.e See P1.6.5.e		
						44.1.f See P 2.12.3.a		
						44.1.g See P 2.12.3.b		
						44.1.h See P 2.12.3.c		
						44.1.i See P 2.12.3.d		
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

Children's Bureau Child and Family Services Reviews IV. Program Improvement Plan Matrix (PIP Matrix)

State: Missouri		AC	F Regional Office:		
State contact and telephone:	Lee Temmen, 573-526-3735	Region I	Region IV	X Region VII	Region X
ACF Contact and telephone:	Ann Burds, 816 426-2260	Region II	Region V	Region VIII	
Date and quarter submitted:	November 30. 2005, 3rd Quarter	Region III	Region VI	Region IX	
	Updated January 31, 2006				
A = Achieved N/A = Not Achieved	*Performance derived using the a	verage of pervious fou	r quarters performance		

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin	nic Fact	ors and	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A	chievement
Conformity	ig to No)11-	Improvement	Action Steps	Wieasurement		Benchmark	Goal
	A	N/A						
Safety Outcome S1:								
Item 1: Timeliness of initiating		X	Baseline 76.6% (derived from average of 8 quarters		Monitored through CD Outcomes Report			Projected- Dec 2006
investigations of reports of child maltreatment			in FY 2003 and 2004)		Outcome #1: Improve timeliness of			Actual-
			Performance after 3 Quarters = 80.6%* Goal Achieved		initial child contact.			
			Goal 80.4% (Goal established is calculated by taking the average of 8					
			quarters performance in 2003 and 2004 and adding 5% of the					
			average to measure improvement. Progress to be					
			tracked quarterly					

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity		37/4	Improvement					
	A	N/A	over two year period from CD Outcomes Report).					
				S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment. Kathryn Sapp S1.1.2 Increase accuracy of data regarding initial contact. Kathryn Sapp Susan Savage	Policy issuance PRR revised	S1.1.1.a Refined definition of "initiating" reports. S1.1.1.b Policy clarified regarding multi disciplinary team contact. S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child. S1.1.1.d Policy disseminated to all CD staff. S.1.1.2.a Data system entry guidelines clarified for "initial contact". S.1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data. S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Mar 05 A-Mar 05 P- Mar 05 A-Mar 05 P-Mar 05 A-Mar 05 P-Mar 05 A-May 05 P-Aug 05 A-Aug 05 P-Feb 06 A- P-Sept 05 A-Oct 05 P-Orgains	-
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
				for managing non CA/N referrals Virginia Lewis-Brunk	Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
					Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Deficilitatik	Goar
	A	N/A						
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test site continuation.	P-Apr 05 A-Apr 05	
					Recommendation	S1.1.3.g Recommendation plans	P-Apr 05	
					Plan	finalized.	A-Apr 05	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas	P-Aug 05 A-Apr 05	
				S1.1.4 Develop	Circuit self-	S1.1.4.a Circuit level assessment to	P-Oct 04	
				improvement plan to	assessments	evaluate CA/N response completed.	A-Aug 04	
				respond timely to	Established	S1.1.4.b Local protocol for CA/N	P-Mar 05	
				reports of maltreatment	protocol	response established.	A-Mar 05	
				Kathryn Sapp	Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
					P	S1.1.4.d Monitored the improved	P-Jul 05	
						timeliness of initial child contact.	A-Jul 05	
				S1.1.5 Call Management and Structured Decision	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
				Making (SDM) Protocols Implemented		S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU	P-Apr 04	
				at the Child Abuse and		process.	A-Apr 04	
				Neglect Hotline Unit (CA/N HU) to provide	Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call	P-Aug 04	
				consistent screening		management system.	A-Aug 04	
				and classification of calls received. Charlotte Gooch	CA/N HU Supervisory Review Tool	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-Sept 05	
				Charlotte Goodii	developed	S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-Jun 05	
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-Oct 05	

				Program Improv	ement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Comorning	A	N/A	Improvement					
	A	IVA			PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A-	
				S1.1.6 Revised policy relating to non CA/N referrals (M,P,N) given the division's need to	Draft plan	S1.1.6.a Defined what statutory core functions are. S1.1.6.b Developed proposed plan for information dissemination on practice changes regarding non CA/N calls.	P-Dec 05 A- P- Dec 05	-
				better address its core functions and statutory mandates, with existing available resources.	Consult with NRC-CPS	S1.1.6.c Consulted with National Resource Center on Child Protective Services regarding non CA/N referrals. S1.1.6.d Shared proposed plan with	A- P-Feb 06 A- P-Mar 06	
				Kathryn Sapp	Policy developed	CJA taskforce S1.1.6.e Policy changed for CANHU on the screening process for non CA/N calls.	A-P-Mar 06	_
					Training agenda Notification letter	S1.1.6.f Training provided to CANHU staff on modified protocol changes. S1.1.6.g Notified known mandated	P-Apr 06 A- P- May 06	-
					Disseminate policy	reporters and other professional organizations on practice changes. S1.1.6.h Disseminate policy changes to all staff.	A- P-Jun 06 A-	
Item 2: Repeat maltreatment Recurrence of		X	CA/N Recidivism Nat'l Standard 6.1 % or less MO FFY 2003		poncy	an sair.		P-Dec 2006
Maltreatment: Of all children who were victims of a substantiated or indicated maltreatment			NCANDS Baseline 8.3% NCANDS Goal 7.4% (Based on Federal formula for goal setting					A-

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Denemiark	Goai
	A	N/A						
report in the first			3rd quarter					
six months of the			performance= 4.9%*					
fiscal year, what			based on quarterly					
percent were			Outcome Report not					
victims of another			NCANDS.					
substantiated or			NCANDS data not					
indicated report			available quarterly.					
within a 6 month								
period								
				S1.2.1 Ensure	PRR revision	S1.2.1.a Incorporated SDM safety and	P-Jan 04	
				consistent and accurate		risk assessment questions into Peer		
				completion of SDM		Record Review Tool.	A-Feb 04	
				safety and risk	Training	S1.2.1.b Modified BASIC training	P-Feb 04	
				assessment.	curriculum	curriculum and ongoing training	. 3.5 0.4	
				Wadana Cana		curriculum based on PRR results.	A-Mar 04	1
				Kathryn Sapp	Training agenda	S1.2.1.c Conducted initial in-service	P-Jun 04	
				Cindy Wilkinson		training with CD and court staff.	A-Jun 04	1
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record	P & A-On-	
						Review Outcomes.	going &	
					T	G121 G	quarterly	-
					In-service training	S1.2.1.e Convene workgroup to	P-Feb 05	
					agenda	finalize SDM review tool and	A D 04	
						instruction to field.	A-Dec 04	1
						S1.2.1.f Instruct field staff to review	P-Apr 05	
						10% of cases using SDM review tool.	A-Apr 05	-
						S1.2.1.g Evaluate results of review,	P-Jul 05	
						identify circuits whose needs are more	A I1.05	
						imminent for the training.	A-Jul 05	-
						S1.2.1.h As needed, provided training	P-Sep 05	
						to circuits identified with imminent	ongoing	
						need.	A-Sep 05	

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				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benemiark	Goar
	A	N/A						
Incidence of			CA/N in AC Nat'l					P-Dec 2006
Child Abuse			Standard 0.57% or					
and/or Neglect in			less					A-
Foster Care:								
			MO FFY 2003					
Of all children			NCANDS					
who were in			Baseline 0.37%					
foster care during			G 1411 1					
the reporting			Goal Achieved					
period of the								
fiscal year, what percent								
experienced								
maltreatment								
from foster								
parents or facility								
staff members?								
				S1.2.2 Implementation	Training agenda	S1.2.2.a All staff trained in CSE	P-Jul 04	
				of "Confirming Safe	8 48 4	process in test sites of Pettis, Cooper,		
				Environments" (CSE)		and Greene.	A-Jul 04	
				process.	Training agenda	S1.2.2.b Trained one Out-of-Home	P-Jul 04	
						Unit on CSE in St. Louis City.	A-Jul 04	
				Susan Savage		S1.2.2.c In-house expertise developed	P-Dec 04	
						for training	A-Dec 04	
					Evaluation report	S1.2.2.d Central Office staff	P-Mar 05	
						summarized test site implementation in		
						Pettis, Cooper and Greene for Child		
						Protection	A-Mar 05	
					Modified	S1.2.2.e Strengths in summary and	P-Aug 05	
					curriculum	CSE curriculum identified by statewide		
					~	committee.	A-Aug 05	1
					Submission of	S1.2.2.f Strengths in summary and	P-Jan 06	
					expansion and	CSE curriculum incorporated into		
					training plan	policy and practice through policy	A-	
]	1				memo and localized training.		

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				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin Conformity	g to No	on-	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				S1.2.3 Strengthen policy regarding assessment of safety at	Policy developed	S1.2.3.a Developed policy regarding assessment of safety at and throughout placement.	P-May 05 R-Jan 06 A-	
				placement. Cindy Wilkinson S1.2.4 Practice	Policy disseminated	S1.2.3.b Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight.	P-June 05 R-Feb 06 A-	
				Enhancement Teams		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-Feb 05	
				(PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N	Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
					improvement strategies to reduce repeat	Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-Apr 05
				in foster care. Bonnie Washeck	List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05 A-Jul 05	
					Program improvement	S1.2.4.e Program improvement plans implemented by Circuit Managers and	P-Aug 05	
				S1.2.5. Strengthen	plans developed Analysis report	staff. S1.2.5.a Statewide analysis of families	A-Aug 05 P-June 04	
				policy and practice relating to chronic neglect and	Anarysis report	with multiple reports completed by CD and Institute of Applied Research (IAR).	A-Feb 04	
				accumulation of harm. Kathryn Sapp	Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05	
						S1.2.5.d Three pilot sites selected	A-Jun 05 P-July 05	
						(Jasper, McDonald and Newton counties) based on negotiations with Federal partners.	A-Jun 05	
					Training agenda	S1.2.5.e Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	

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				Program Impr	ovement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Cont
Conformity			Improvement				Benchmark	Goal
	Α	N/A						
					IAR Screening Tool	S1.2.5.f Used IAR's screening tool to determine if families meet the CN criteria.	P-Nov 05	
					Tracking tool	S1.2.5.g Developed a tool for manual tracking of CN families to be utilized throughout pilot	P-Feb 06	
						S1.2.5.h Initiated pilots.	P-Apr 06 A-	
					Evaluation report	S1.2.5.i CD staff evaluated effectiveness of pilot.	P-Oct 06 A-	
					Outcome data	S1.2.5.j Based on results determine statewide applicability	P-Nov 06 A-	
				S1.2.6 Develop performance-based contract for foster parents	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-May 05	
				Bonnie Washeck		S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
Safety Outcome S2:								

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System	nic Fac	tors and	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Deficilitiation	Goai
	A	N/A						
Item 3: Services to family to protect child(ren) in home and prevent removal		X	Baseline 80.4% 3rd quarter PRR results = 79.1%* Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure		Peer Record Review (PRR) IV-15 Rating of the overall quality of the service plan and service delivery			P-Dec 2006 A-
			improvement.)	S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family	Draft of CD-14 Evaluation report	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2. S2.3.1.b CD-14 family assessment tool field test expanded to other sites. S2.3.1.c Results of field test evaluated	P-Sep 04 A-Sep 04 P-May 05 A-Feb 05 P-Jun 05	
				identified in the initial and ongoing assessments; include a	Revised CD-14	and analyzed by staff and work group. S2.3.1.d Revised CD-14 as needed.	A-Mar 05 P-Jul 05 A-Apr 05	-
				mechanism for family self-assessment and identified areas		S2.3.1.e Recommendations regarding changes made.	P & A On-going	
				specifically related to child safety and risk concerns (to be completed concurrently with S2.3.2) Kathryn Sapp	Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 R-Jan 06 A-	
					Training	S2.3.1.g Training of existing staff completed. S2.3.1.h Incorporated changes into	P-Jan 06 A- P-Jan 06	
						BASIC training.	A-	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04 A-Aug 04	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin Conformity	ng to N	on-	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				review process to increase parent, caregiver (alternative	Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04 A-Oct 04	
				care provider) and child involvement in case assessment, plan development and reassessment. Bonnie Washeck	Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-Feb 05	
						S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-Oct 05	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually A-	
				S2.3.3 Improve supervisory capacity to monitor enhanced		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-May 05	
				practice relating to case planning.	Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-Sep 05	
				Susan Savage		S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-Sep 05	
					Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 A-	
					Policy disseminated and	S2.3.3.h Supervisory case review tool and protocols approved and distributed	P-Feb 06	
					implemented	for statewide use.	A-	

				Program Improv	vement Implementa	tion		
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Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5		Improvement				Benchmark	Goal
	A	N/A						
				S2.3.4 Establish procedures to access		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-Aug 05	
				various service funding streams. Bonnie Washeck	Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-Pending	
				S2.3.5. Per new legislation, develop		S2.3.5.a Barriers identified for children needing mental health services.	P-Jan 05 A-Jan 05	
				state comprehensive children's mental health plan to increase level of cooperation between court, mental		S2.3.5.b Funding mechanisms established for providing mental health	P-Jan 05	
						services.	A-Jan 05	
					Coordination plan	S2.3.5.c Plan developed for coordination of resources from	P-Jan 05	
				health, child welfare		multiple agencies.	A-Jan 05	
				and families.		S2.3.5.d Evaluation methodology	P-Jan 05	
				Jim Harrison	D	established.	A-Jan 05	
				JIIII Haiffisoii	Report submission	S2.3.5.e Report with recommendations	P-Jan 05	
Item 4: Risk of		X	Baseline 89.4%		PRR IV-13	submitted to legislators and governor.	A-Jan 05	P-Dec 2006
harm to child(ren)		X	3rd quarter PRR results = 90.0 % Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		Services being provided to the family are adequate to meet their needs as identified in the assessment.			A-
				S2.4.1 Ensure	SDM Review	S2.4.1.a See S1.2.1.a		
				consistent and accurate completion of SDM	Tool	S2.4.1.b See S1.2.1.b		
				safety and risk		S2.4.1.c See S1.2.1.c		
				assessment.		S2.4.1.d See S1.2.1.d		
						S2.4.1.e See S1.2.1.e		

				vement Implementa	ation			
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	U		Improvement	1			Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		S2.4.1.f See S1.2.1.f		
						S2.4.1.g See S1.2.1.g	1	
				S2.4.2 Implementation		S2.4.2.a See to S1.2.2.a		
				of "Confirming Safe		S2.4.2.b See to S1.2.2.b		
				Environments" process.		S2.4.2.c See to S1.2.2.c		
						S2.4.2.d See to S1.2.2.d	1	
				Susan Savage		S2.4.2.e See to S1.2.2.e	1	
						S2.4.2.f See to S1.2.2.f		
						S2.4.2.g See to S1.2.2.g		
				S2.4.3 Implement	Policy	S2.4.3.a Policy for enhanced	P-Aug 04	
				enhanced background	disseminated	background screening implemented		
				screening for		statewide.	A-Aug 04	
				foster/kinship and court ordered providers.		S2.4.3.b Policy updates and supervisory consultations with existing	P-Aug 04 ongoing	
				ordered providers.		staff.	A-Aug 04	
				Cindy Wilkinson		starr.	ongoing	
						S2.4.3.c Incorporated enhanced	P-Nov 04	
						background screening into on-going		
						STARS and BASIC training.	A-Nov 04	
				S2.4.4 Development of	Committee	S2.4.4.a Work committees formed with	P-Jan 04	
				"Culture of Care	member list	volunteers from residential sites to	A T 04	
				Initiative" for improving safety and	Curriculum	develop curriculum. S2.4.4.b Curriculum Drafted.	A-Jan 04 P-Mar 04	
				nurturance of children	Curriculum	S2.4.4.0 Curriculum Draited.	A-Mar 04	
				in a residential care		S2.4.4.c Curriculum approved by CD	P-May 04	
				setting.		administration.	A-May 04	
						S2.4.4.d Roundtables held with CEO's	P-Jul 04	
				Fred Proebsting		to discuss curriculum.	A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers	P-Aug 04	
						session held/2 days in KC and St.		
						Louis for residential licensed	A-Aug 04	
						providers.	D.Onestine	-
						S2.4.4.f Measured through a reduction of the number of preponderance of	P-Ongoing A-Ongoing	
						evidence reports received by the	A-Oligoling	
						residential treatment facilities.		
	1	1		<u> </u>		restuction deadlicht facilities.	<u> </u>	

				Program Improv	ement Implementa	ntion		
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Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contribution	ng to N	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benefilmark	Goar
	A	N/A						
				S2.4.5 Improve family		S2.4.5.a See S2.3.1.a	_	
				assessment and case		S2.4.5.b See S2.3.1.b		
				plan tools to better link		S2.4.5.c See S2.3.1.c		
				service provision to the		S2.4.5.d See S2.3.1.d]	
				needs of the family		S2.4.5.e See S2.3.1.e		
				identified in the initial		S2.4.5.f See S2.3.1.f]	
				and ongoing assessments; include a		S2.4.5.g See S2.3.1.g]	
				mechanism for family				
				self-assessment and				
				identified areas				
				specifically related to				
				child safety and risk		S2.4.5.h See S2.3.1.h		
				concerns.				
Permanency		X						
Outcome 1								
Item 5	X		Passed CFSR On-site					
			review and 2002					
			AFCARS					
Item 6 : Stability		X	Stability in foster					P-Dec 2006
of foster care			care. Nat'l Standard					
placement			86.7% or more					A-
			2.1					
			3rd quarter performance based					
			on quarterly					
			outcomes report =					
			74.5%* not					
			AFCARS formula.					
			AFCARS data not					
			available.					
			MO FFY 2003					
			78.6%					
			AFCARS Goal					
			80.5% (Based on					
			Federal formula for					
			goal setting)					

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing Conformity	g to No	on-	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types. Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Nonrelated, Not licensed 3) Kin, Nonrelated, Licensed. P1.6.1.b Coding changes in Legacy	P-Mar 05 A-Feb 05 P-May 05	
				Lesiey Fettit		completed.	A-May 05	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-Sep 05	
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05 A-	
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Apr 06 A-	
				P1.6.2 Improve diligent search for relatives/missing		P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Jul 04 A-Jul 04	
				parents.	Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored	P-Aug 04	
				Bonnie Washeck		through supervisory oversight. P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	A-Aug 04 P-Mar 05 A-Apr 05	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05 A-Apr 05	
				P1.6.3 Expand use of family support team meetings to promote stability in alternative	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an impending move.	P-Aug 04 A-Aug 04	
				care placements		P1.6.3.b Made ACTS system changes to track FSTs held prior to or	P-Aug 04	-
				Kathryn Sapp		immediately after a move.	A-Aug 04	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	C		Improvement	1			Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		P1.6.3.c Central Office staff provided training to regional staff on HB 1453 requirements P1.6.3.d Regional staff provided	P-Aug 04 A-Aug 04 P-Sep 04	
						localized training to existing staff on HB 1453 requirement	A-Sep 04	-
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04 A-Dec 04	
					PRR	P1.6.3.f Updated PRR to assure preplacement FSTs.	P-Feb 05 A-Mar 05	
				P1.6.4 Identify resource family types and shortages	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-Apr 05	
				Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	P-May 05 A-Jul 05	
					Contract extension	P1.6.4c Extended current Foster Care/Adoption Resource Services contract	P-Nov 05	-
					Circuit progress reports	P1.6.4d Circuit reported quarterly progress on recruitment activities	P-Feb 06 quarterly A-	
					NRC Technical Assistance plan	P1.6.4e Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-	
				P1.6.5 Increase number of resource families Cindy Wilkinson	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Jun 04 A-Jun 04	
				,	Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Jul 04 A-Jul 04	

				Program Improv	vement Implementa	tion		
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Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	_		Improvement				Benchmark	Goal
	Α	N/A						
					Request for Proposal	P1.6.5.c RFP written and released for performance based case management contracts (PBC).	P-Apr 05 A-Apr 05	
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 05 A-Jun 05	
						P1.6.5.e PBC Case Management Services began	P-Sep 05 A-Sep 05	
					Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services contract.	P-Nov 05 A-	
					ACTS data report	P1.6.5.g Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability.	P-Feb 06 quarterly A-	
					NRC Technical Assistance plan	P1.6.5.h Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06	
					Annual report	P1.6.5.i Annual report to General Assembly regarding PBC regarding case management, recruitment and training outcomes.	P-Jul 06 annually A-	
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06	
				Cindy Wilkinson	Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06	
						P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06	
					Matching tool developed	P1.6.6.d Tool disseminated with instructions.	P-Nov 06	
					disseminated		A-	

				Program Improv	vement Implementa	tion		
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Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Deficilitation	Goai
	A	N/A						
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06	
				P1.6.7 Evaluate support and training provided for relative/kinship resource families	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05	
				Cindy Wilkinson	Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-	
				Jeff Adams	Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed	P-Sep 06	
T4 7.		V	D 1' 95 00/		DDD W 12	relative/kinship providers.	Α-	D.D., 2006
Item 7: Permanency goal for child		X	Baseline 85.9% 3nd quarter PRR results = 84.4% Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)	D1 7 1 Ensure the	PRR V-12 The permanency plan was developed and it includes options for concurrent planning. Circuit Self	P1.7.1.a Circuit Managers analyzed	Ρ-Δυσ Ω	P-Dec 2006 A-
				P1.7.1 Ensure the frequency and timeliness of Family Support Team	Circuit Self Assessment Corrective action	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment. P1.7.1.b Initiated corrective action	P-Aug 04 A-Aug 04 P-Feb 05	
				Meetings occurs per policy	plans	when data falls below goal set in strategic plan.	A-Apr 05	
				Kathryn Sapp Cindy Wilkinson	Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	

				Program Improv	vement Implementa	tion		
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Outcome or Systemic Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	, 10 110		Improvement	7 Cuon Steps	Wedsurement		Benchmark	Goal
	A	N/A						
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
					Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Aug 04	
				Kathryn Sapp	Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Aug 04	
				Cindy Wilkinson	Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more	P-Mar 05	
						difficult FSTs.	A-Jul 05	
					Protocol	P1.7.2.f Protocol developed for	P-Apr 05	
					developed	accessing expert facilitators.	A-May 05	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 R-Jan 06 A-	
					Memo	P1.7.2.h Memo describing expert	P-Apr 05	
					disseminated	facilitator access protocol and expert	R-Jan 06	
					dissemilated	facilitator duties distributed to all staff.	A-	
				P1.7. 3 Strengthen		P1.7.3.a Circuit Managers monitored	P-Mar 05	
				policy and practice		outcomes through PRR tool.	A-Mar 05	
				relating to concurrent planning.	Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement	P-May 05	
					1	plans.	A- Jul 05	
				Cindy Wilkinson	Training curriculum and	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service	P-May 06	
					revised child welfare manual	Module training and child welfare manual.	A-	
				P1.7.4 Increase	Training	P1.7.4.a CD partnered with OSCA to	P-Jan 04	
				collaboration with	curriculum	develop training curriculum.	A-Jan 04	
				courts by providing		P1.7.4.b Developed draft plan to	P-Jan 04	
				cross training to judiciary, court staff,		address logistics of proposed training.	A-Jan 04	
				GALs and Children's		P1.7.4.c Submitted draft to	P-Feb 04	
				OALS and Children 8		management of CD/OSCA.	A-Feb 04	

				Program Improv	vement Implementa	ation		
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Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement				Benchmark	Goal
	A	N/A						
				Division staff on ASFA & Permanency hearings consistent with state and federal regulations. Cindy Wilkinson	Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
					Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
Item 8: Reunification, guardianship, or permanent		X	Reunification Nat'l Standard 76.2% or more					P-Dec 2006 A-
placement with relatives.			MO FFY 2003 AFCARS Baseline 59.8%					
			AFCARS Goal 62.2% (Based on Federal formula for goal setting).					
			3rd quarter performance based on quarterly outcomes report = 68.5 % not AFCARS. AFCARS data not available.					
				P1.8.1 Address	Data reports	P1.8.1.a Prepared data on legal status	P-Dec 04	
				permanency and		2, 3, and 4 children.	A-Feb 05	
				services needs of children in Legal Status 2, 3, and 4	Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA,	P-Feb 05 A-Apr 05	
						CD, and metro sites).		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6		Improvement				Benchmark	Goal
	A	N/A						
				Bonnie Washeck	Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05 A-May 05	
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Apr 05 A-Aug 05	
						P1.8.1.e Revise AFCARS population if	P-Apr 05	-
						necessary.	A-Jul 05	
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status	P-July 05	
						2, 3, and 4 cases.	A-Aug 05	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal	P-Sept 05	
						status 2, 3, and 4.	A-Oct 05	
					PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer	P-Oct 05	
						Record Review process.	A-Oct 05	
				P1.8.2 Establish procedures to access various service funding streams.		P1.8.2.a See S2.3.4.a. P1.8.2.b See S2.3.4.b.		
				Bonnie Washeck				
				P1.8.3 Ensure		P1.8.3.a See P1.7.1.a		
				frequency and		P1.8.3.b See P1.7.1.b	1	
				timeliness of Family Support Team Meetings occurs per policy.		P1.8.3.c See P1.7.1.c		
				Kathryn Sapp Cindy Wilkinson				
				P1.8.4 Improve quality		P1.8.4.a See P1.7.2.a		
				of Family Support		P1.8.4.b See P1.7.2.b		
				Teams to assure the		P1.8.4.c See P1.7.2.c		
				review of permanency		P1.8.4.d See P1.7.2.d		
				goal.		P1.8.4.e See P1.7.2.e		

				Program Improv	vement Implementa	tion		
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Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
,	A	N/A	<u> </u>					
				Kathryn Sapp Cindy Wilkinson		P1.8.4.f See P1.7.2.f P1.8.4.g See P1.7.2.g P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations		P1.8.5.a See P1.7.4.a P1.8.5.b See P1.7.4.b P1.8.5.c See P1.7.4.c P1.8.5.d See P1.7.4.d P1.8.5.e See P1.7.4.e P1.8.5.f See P1.7.4.f		
				Cindy Wilkinson P1.8.6 Increase collaboration with courts by providing	Contract developed Meeting minutes	P1.8.6.a Contract developed to provide training. P1.8.6.b Meeting held to discuss roles	P-Apr 04 A-Apr 04 P-Dec 04	
				cross training to		and responsibilities of CD and Juvenile	A O 4 04	
				judiciary, court staff, GAL's and Children's Division staff regarding roles and	Training agenda	Officers. P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	A-Oct 04 P-May 05	
				responsibilities. Cindy Wilkinson			A-May 05	
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05 A-Oct 04	
				transfer jurisdiction to Probate & Circuit Courts to expedite	Proposal drafted	P1.8.7.b Proposal drafted for legislative change. P1.8.7.c Written proposal reviewed by	P-Mar 05 A-Oct 04 P-Mar 05	
				guardianship.		OSCA, CD and DLS.	A-Sept 04	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 00 11	011	Improvement	l louisi sueps	1/104/50/10110110		Benchmark	Goal
	A	N/A						
				Jim Harrison		P1.8.7.d Proposal finalized and presented to Department for legislative change.	P-Mar 05 A-Jan 05	
		P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.	used in addition or in lieu of any legislative		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody.	P-Oct 05 A-Oct 05		
						P1.8.8.b See P1.6.1a P1.8.8.c SeeP1.6.1b		
				Jim Harrison		P1.8.8.d See P1.6.1c		
				Lesley Pettit		P1.8.8.e See P1.6.1d		
				Lesicy I cuit		P1.8.8.f See P1.6.1e		
Item 9: Adoption	X		Adoption Nat'l Standard					P- Dec 2006
	32% or more					A-		
			MO FFY 2003 AFCARS Baseline 38.5%					
			Goal achieved					
			Godi delleved	P1.9.1 Termination of Parental Rights will be	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-Feb 05	
				filed in a timely manner, except when	Circuit reports on outcomes of	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local	P-Jun 05	
				compelling reasons are documented.	meetings with courts.	procedures for filing of TPR petitions.	A-Jul 05	
				Cindy Wilkinson	Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in	P-Jun 05	
				Kathryn Sapp		documenting compelling reasons for not filing TPR.	A-Jul 05	
					Policy disseminated	P1.9.1.d Policy disseminated to staff and supervisory oversight	P-Aug 05 R-Jan 06 A-	
						P1.9.1.e Incorporated into BASIC training.	P-Jun 05 R-Feb 06 A-	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Goal
Conformity			Improvement				Benchmark	Goal
	A	N/A						
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-	
				P1.9.2 Increase number	Performance	P1.9.2.a See P1.6.5.a		
				of resource families.	based contracts	P1.9.2.b See P1.6.5.b		
					and outcome	P1.9.2.c See P1.6.5.c	1	
				Cindy Wilkinson	reports	P1.9.2.d See P1.6.5.d		
						P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase	Request for	P1.9.3.a RFP written for performance	P-Sep 04	
				capacity to conduct	Proposal	based case management contracts	A-Sep 04	
				home studies and finalize adoptions.	Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and	P-Mar 05 A-Mar 05	
				Cindy Wilkinson		finalized adoptions.		
					Award letters	P1.9.3.c Awarded performance based	P-Mar 05	
						case management contracts	A-Jun 05	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per	P-Jul 05	
						available resources.	A-Aug 05	
				P1.9.4 Improve access		P1.9.4.a DLS identified plan to fill	P-Jul 04	
				to legal representation		vacant FTE's or contract for attorneys.	A-Jul 04	
				for CD staff		P1.9.4.b Additional attorneys hired and	P-Sep 04	
				The Handan	70 1111	placed.	A-Sep 04	
				Jim Harrison	Establish workgroup	P1.9.4.c CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-Apr 05	
					Develop draft protocol	P1.9.4.d Draft Protocol developed.	P-Apr 05 A-Apr 05	
					protocor	P1.9.4.e CD legal representation at	P-July 05	
						court hearings monitored by CD/DLS	Ongoing	
						joint committee for improvement.	A-Jul 05	<u> </u>

Outcome or Systemic Fact Item(s) Contributing to N Conformity A Item 10: Other planned living arrangement		2 Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement Draft joint memo	5 Benchmarks Toward Achieving Goal P1.9.4.f Draft joint memo with DLS to assist CD staff in developing a clearer	6 Dates of A Benchmark P- Jul 05	7 chievement Goal
Item(s) Contributing to N Conformity A Item 10: Other planned living	Non-	Measure/Percent of	Action Steps	Measurement	P1.9.4.f Draft joint memo with DLS to	Benchmark	
Item 10: Other planned living		Improvement		Draft joint memo			Goal
Item 10: Other planned living				Draft joint memo		P- Jul 05	
planned living	X			Draft joint memo		P- Jul 05	
planned living	X				understanding on how to access legal services.	A-Jul 05	
planned living	X			Memo disseminated	P1.9.4.g Memo and Protocol disseminated to staff and adopted.	P-Oct 05 A-Sep 05	
		Baseline 63.6% 3rnd quarter results for PRR V-22 = 48.8% Goal = 66.4% Baseline 63.3% Goal = 66.4% 3rd quarter results for PRR V-21 = 69.8%* Goal achieved Goal established is calculated by taking		disseminated PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.) PRR V-21 Youth 16 or over, are participating in or have completed ILP classes	disseminated to staff and adopted.	A-Sep 05	P-Dec 2006 A-
		the average of 8 quarters performance (in 2003 and 2004 and adding 5% of the average to measure improvement.)	P1.10.1 Increase		P1.10.1.a See P1.6.5.a		
			number and quality of resource families for older youth		P1.10.1.b See P1.6.5.b P1.10.1.c See P1.6.5.c P1.10.1.d See P1.6.5.d P1.10.1.e See P1.6.5.e		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal Goal
Comornity	A	N/A	mprovement					
	A	N/A		Cindy Wilkinson	Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05 A-Mar 05	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	P-Jun 05 A-Jun 05	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	P-Sep 05 A-Sep 04	
				P1.10.2 Increase awareness of Chafee program services to staff and community members	Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher Program through distributing information material to secondary and higher education programs	P-Jan 04 A-Jan 04	
				Cindy Wilkinson	Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 Annually	
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving	P- Mar 04 Ongoing A-Mar 04	
					Write and disseminated memo	agencies. P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services.	P-May 05 A-Sep 05	
					Distributed ETV poster	P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05 A-Aug 05	
				P1.10.3 Increase program accessibility to provide life skills	Implement Pre- ILP Training curriculum	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum for youth 14-15.	P-June 04 A- June 04	
				training services for older youth	Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual	P-July 04 annually	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Delicilliark	Goai
	A	N/A						
				Cindy Wilkinson		youth empowerment conference	A-July 04 Annually	
					Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05 A-Feb 05	
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker positions	P-Feb 05 A-Feb 05	
					CD memo	P1.10.3.f CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services	P-May 05 A-Sep 05	
Permanency Outcome P2:								
Item 11: Proximity of foster care placement	X							
Item 12: Placement with siblings		X	Baseline 85.6 3rd quarter PRR results = 87.9% Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 111		Improvement	redon steps	ivicusurement		Benchmark	Goal
	A	N/A						
			adding 5% of the average to measure improvement).					
				P2.12.1 Increase the number of siblings placed together	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04 A-Aug 04	
				Kathryn Sapp	Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining	P-Aug 04	
					PRR results & Improvement plans	sibling relationship. P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	A-Aug 04 P-Feb 05 Ongoing Quarterly A-Ongoing	
					Administrative review developed	P2.12.1.d Developed administrative process to review cases after siblings are separated after 30 days.	P-Nov 05	
				P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.		P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Nov 05	
				Jeff Adams		P2.12.2.b See P1.7.4.a P2.12.2.c See P1.7.4.b P2.12.2.d See P1.7.4.c P2.12.2.e See P1.7.4.d P2.12.2.f See P1.7.4.e P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.g See P1.7.4.1 P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06	
				P2.12.3 Increase capacity for resource		P2.12.3.a See P1.6.5.a P2.12.3.b See P1.6.5.b		

	Program Improvement Implementation										
1			2	3	4	5	6	7			
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal			
Conformity			Improvement				Denemiark	Goar			
	A	N/A									
				families that accept		P2.12.3.c See P1.6.5.c					
				sibling groups.		P2.12.3.d See P1.6.5.d	_				
				Cindy Wilkinson		P2.12.3.e See P1.6.5.e					
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 % 3rd quarter PRR results = 85.4% Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement). Baseline 85.6% 3rd quarter PRR results = 87.9% Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure Improvement).	P2.13.1 Increase	Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification. Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.	P2.13.1.a Revised policy to improve	P-Aug 05	P-Dec 2006 A-			
				frequency and quality of parent/child and	rolley levision	qualitative and quantitative visitation plan requirements.	R-Jan 06 A-				

				Program Impro	ovement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6		Improvement				Benchmark	Goal
	A	N/A						
				sibling visits. Cindy Wilkinson	PRR	P2.13.1.b Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff. P2.13.1.c Incorporated revisions into PRR tool.	P-Sept 05 R-Feb 06 A- P-Sept 05 R-Mar 06 A-	
					Revised policy and training module Quarterly data reports Practice	P2.13.1.d Policy revision incorporated and staff training began: Advanced FCOOHC In-Service training module. P2.13.1.e Circuit Managers monitor data regarding frequency of parent/child/sibling visits. P2.13.1.f Circuit Managers assisted by	P-May 06 A- P-Oct 05 R-Jul 06 A- P-Oct 05	
To 14		V	D I' 22 20/		improvement plans developed	the PET teams developed practice improvement plans using all available data for guidance.	R-Jul 06 A-	D.D. 2006
Item 14: Preserving connections		X	Baseline 23.3% 3rd quarter performance = 24.4% Goal 25.6% Baseline 83% 3r nd quarter results for PRR = 84.5 % Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Relative Placement CD-Outcomes #17. Increase the number of children placed with relative provider PRR V-1 Consideration was given to relatives or kin for placement.			P-Dec 2006 A-

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or Systemi Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A	chievement
Conformity	g to NC)11-	Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care. Kathryn Sapp	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05 A-Pending	
						P2.14.1.b Submitted evaluation recommendations to administration.	P-July 05 A-Pending	
						P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-Aug 05 A-Pending	
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-Pending	
				P2.14.2 Improve diligent search for relatives/missing		P2.14.2.a See P1.6.2.a P2.14.2.b See P1.6.2.b P2.14.2.c See P1.6.2.c		
				parents		P2.14.2.d See P1.6.2.d		
				Bonnie Washeck P2.14.3 Revise ICWA policy	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
				Cindy Wilkinson Kathryn Sapp	CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05 A-Apr 05	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-Pending	
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-Mar 05	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-Jun 05	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	n-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benchmark	Goai
	Α	N/A						
Item 15: Relative		X	Baseline 25.9%		Relative			P-Dec 2006
placement					Placement			
			3rd quarter Outcome		monitored			A-
			Reports results =		through the			
			<mark>27.8%</mark> * Goal		number of			
			achieved		children placed			
					with relative			
			Goal 27.2%		provider in legal			
			(Goal established is		status 1-4			
			calculated by taking					
			the average of 8		Monitored			
			quarters performance		through Peer			
			in 2003 and 2004 and		Record Review			
			adding 5% of the		question V-1: Consideration was			
			average to measure		given to relatives			
			improvement).		or kin for			
			Progress to be		placement			
			tracked quarterly		pracement			
			over two year period					
			from CD Outcomes					
			Report					
			пероп					
			Baseline 83.0%					
			3rd quarter PRR					
			results = 84.5%					
			Goal 87.2%					
			(Goal established is					
			calculated by taking					
			the average of 8					
			quarters performance					
			adding 5% of the					
			average to measure					
			improvement).					
				P2.15.1 Increase		P2.15.1.a See P1.6.1.a		
				system capacity to		P2.15.1.b See P1.6.1.b		

				Program Improv	ement Implementa	ation		
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				accurately track		P2.15.1.c See P1.6.1.c		
				placement kinship		P2.15.1.d See P1.6.1.d		
				vendor types.		P2.15.1.e See P1.6.1.e		
				Lesley Pettit				
				P2.15.2 Improve		P2.15.2.a See P1.6.2 a		
				diligent search for		P2.15.2.b See P1.6.2.b	1	
				relatives/missing		P2.15.2.c See P1.6.2.c	1	
				parents.		P2.15.2.d See P1.6.2.d		
				Cindy Wilkinson				
				P2.15.3 Evaluate		P2.15.3.a See P1.6.7.a		
				support and training		P2.15.3.b See P1.6.7.b	1	
				provided for		P2.15.3.c See P1.6.7.c	1	
				relative/kinship				
				resource families				
				Cindy Wilkinson				
				Jeff Adams				
Item 16:		X	Baseline 91.0%	001111001110	Parent Visits			P-Dec 2006
Relationship of					monitored			
child in care with			3rd quarter PRR		through Peer			A-
parents			results = 90.0%		Record Review			
			Goal 91.9%		question V-3: The child is			
			(Goal established is		placed in close			
			calculated by taking		proximity to			
			the average of 8		his/her family.			
			quarters performance					
			in 2003 and 2004 and					
			adding 1% of the					
			average to measure					
	1		improvement).	D0 1 < 1 T		P2.16.1 G P1.62		
				P2.16.1 Improve		P2.16.1.a See P1.6.2.a	4	
				diligent search for non- custodial parent.		P2.16.1.b See P1.6.2.b	-	
				custourar parent.		P2.16.1.c See P1.6.2.c P2.16.1.d See P1.6.2.d	-	
				Bonnie Washeck		12.10.1.0 See F1.0.2.0		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	n-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Denemnark	Goai
	Α	N/A						
				P2.16.2 Improve	PRR Outcomes	P16.16.2.a See S2.3.2.a		
				engagement of non-		P16.16.2.b See S2.3.2.b	_	
				custodial parents in		P16.16.2.c See S2.3.2.c		
				case planning by		P16.16.2.d See S2.3.2.d		
				strengthening		P16.16.2.e See S2.3.2.e		
				worker/supervisor		P16.16.2.f See S2.3.2.f		
				skills in engaging				
				families in the				
				assessment, case				
				planning and case plan				
				review process. Increase parent,				
				caregiver (alternative				
				care provider) and child				
				involvement in case				
				assessment, plan				
				development and				
				reassessment.				
				104000000000000000000000000000000000000				
				Kathryn Sapp				
Well Being				, II				
Outcome 1								
Families have								
enhanced capacity								
to provide for								
children's needs								
Item 17: Needs		X	Baseline 82.1%		PRR III-10			P-Dec 2006
and services of					Rating for the			
child, parents,			3rd quarter PRR		overall quality of			A-
foster parents			results = 82.0%		the			
					comprehensive			
			Goal 86.2%		assessment.			
			Baseline 91.0%		PRR III-3			
					The needs of the			
			3rd quarter PRR		family/child are			
			results = 90.2%		identified.			
							<u> </u>	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal Goal
	A	N/A						
			Goal 95.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).					
				WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Kathryn Sapp		WB1.17.1.a See S2.3.1.a WB1.17.1.b See S2.3.1.b WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e WB1.17.1.f See S2.3.1.f WB1.17.1.g See S2.3.1.f WB1.17.1.h See S2.3.1.h		
			Baseline 80.4% 3rd quarter PRR results = 79.1 % Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR IV-15 Rating for the overall quality of the service plan and service delivery process.			
			-	WB1.17.2 Strengthen workers skills in engaging families in the assessment, case		WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b WB1.17.2.c See S2.3.2.c WB1.17.2.d See S2.3.2.d		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity	1.		Improvement					
	A	N/A		planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp WB1.17.3 Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers.		WB1.17.2.e See S2.3.2.e WB1.17.2.f See S2.3.2.f WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c WB1.17.3.d See S1.2.2.d WB1.17.3.f See S1.2.2.e		
Item 18: Child and family involvement in case planning.		X	Baseline 74.1% 3rd quarter PRR results = 75.8 % Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).	Cindy Wilkinson WB1.18.1 Maximize	Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.	WB1.18.1.a See S2.3.2 a		P-Dec 2006 A-
				parental/family		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b		

			Program Impro	vement Implementa	tion		
1		2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing to		and Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	O INOII-	Improvement	Action Steps	Wicasurcincin		Benchmark	Goal
Comornity	A N/	-					
	1 11/2	n .	participation in Family		WB1.18.1.c See S2.3.2 c		
			Support Team		WB1.18.1.d See S2.3.2 d		
			Meetings.		WB1.18.1.e See S2.3.2 e		
			Weetings.		WB1.18.1.f See S2.3.2 f		
			Bonnie Washeck	Protocol	WB1.18.1.g Established a protocol for	P-Aug 05	-
				established	accessing division staff outside of	1 Mug 03	
				established	regular working hours.	A-Aug 05	
			WB1.18.2 Improve the		WB1.18.2.a See P1.7.2a	111111111111111111111111111111111111111	
			quality of Family		WB1.18.2.b See P1.7.2b		
			Support Team		WB1.18.2.c See P1.7.2c		
			Meetings.		WB1.18.2.d See P1.7.2d		
					WB1.18.2.e See P1.7.2e		
			Kathryn Sapp		WB1.18.2.f See P1.7.2f		
			Cindy Wilkinson		WB1.18.2.g See P1.7.2g		
					WB1.18.2.h See P1.7.2h		
			WB1.18.3 Review and		WB1.18.3.a Collected parent	P-Aug 05	
			further develop a		handbooks used by various circuits.	A-Aug 05	
			handbook, to be	Workgroup list	WB1.18.3.b Convened a work group to	P-Oct 05	
			distributed at the point		evaluate parent handbooks.	A-Sep 05	
			of removal, to educate	Parent handbook	WB1.18.3.c Developed a universal	P-Jan 06	
			parents on their rights		parent handbook.	A-	
			and responsibilities,	Survey results	WB1.18.3.d Solicited consumer	P-Apr 06	
			court procedures, etc.		feedback on parent handbook	A-	
				Policy developed	WB1.18.3.e Developed policy on use	P-July 06	
			Cindy Wilkinson		of parent handbook.	A-	
				Policy	WB1.18.3.f Policy distributed to all	P-Sept 06	
				disseminated	staff and supervisory oversight.	A-	
				Training	WB1.18.3.g Policy Incorporated into	P-Oct 06	
				curriculum	BASIC training	A-	<u> </u>

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing Conformity	g to No	on-	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
Comorning	A	N/A	Improvement					
Item 19: Worker visits with child – improve quantity and quality	11	X	Baseline 72.8% 3rd quarter PRR results = 77.4%* exceeds goal Goal 76.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
				WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment. Bonnie Washeck	Team appointments Convene meeting Policy developed Recommendations reviewed	WB1.19.1a Appointed visitation policy and practice team. WB1.19.1.b Convened first policy and practice team meeting. WB1.19.1.c Team developed policy on visitation and draft protocol regarding quality of visits. WB1.19.1.d Recommendation reviewed by policy review team and executive staff. WB1.19.1.e Policy disseminated to staff. WB1.19.1.f Utilize Practice Enhancement Teams (PET) to support protocols.	P-Jan 05 A-Feb 05 P-Feb 05 A-May 05 P-May 05 R-Jan 06 A- P-Jun 05 R-Feb 06 A- P-Aug 05 R-Mar 06 A- P-Aug 05 R-Mar 06 A-	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-Aug 05	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Conformity	C		Improvement	•			Benchmark	Goal
	A	N/A						
				of-home cases. Cindy Wilkinson	PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-Aug 05	
				Kathryn Sapp	Practice Improvement	WB1.19.2.c Circuit Managers assisted by PET to develop practice	P-Sep 05	
				WB1.19.3 Tracking system to track worker	plans	improvement plans. WB1.19.3.1.a Enhancements made to the existing ACTS and FCS system.	A-Sep 05 P-Feb 06 A-	
				visits (date/site). Jim Harrison		WB1.19.3.1.b SACWIS began to be available to track visitation in Case	P-May 06	
Item 20: Worker Visit with parent(s).		X	Baseline 85.3% 3rd quarter PRR results = 86.0% Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).	Jim Harrison	Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.	Management System.	A-	P-Dec 2006 A-
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents. Bonnie Washeck	Protocols established Revise PRR	WB1.20.1.a Protocols established in WB1.19.1.c included in adoptive parent training WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment WB1.20.1.c See S2.3.2.a WB1.20.1.d See S2.3.2.b WB1.20.1.f See S.2.3.2.d WB1.20.1.g See S.2.3.2.d WB1.20.1.g See S.2.3.2.e	P-May 05 R-Jan 06 A- P-Jun 05 A-Jun 05	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing Conformity	g to No		Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3 a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment. b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out- of-home cases. c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.a See WB1.19.1.a-f WB1.20.2.b See WB1.19.2 a-c WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet their educational needs								
Item 21: Children receive appropriate services to meet their educational needs		X	Baseline 95.6% 3rd quarter PRR results = 95.3% Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006 A-

		Program Improv	vement Implementat	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors			Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing to Non-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity	Improvement				Denemnark	Goar
A N/						
	in 2003 and 2004 and					
	adding 1% of the					
	average to measure					
	improvement.)					
		WB2.21.1 Improve	Protocol	WB.2.21.1.a Protocol developed	P-Mar 05	
		working relationship	developed	regarding inclusion of educational		
		among Children's	T	personnel in FST's.	A-Apr 05	
		Division, Department	Education liaisons	WB2.21.1.b Designated an education	P-May 05	
		of Elementary and	C' '4 C 1C	liaison at the state level.	A-May 05	
		Secondary Education (DESE) and local	Circuit Self	WB2.21.1.c Local level barriers	P-May 05	
		school districts.	Assessment	identified regarding working with schools and educational disruptions of	A-Jul 05	
		school districts.		children in foster care.	A-Jul 03	
		Kathryn Sapp	Written local	WB2.21.1.d Developed a plan to	P-May 05	
		Каштуп Барр	plans	alleviate barriers and address	r-May 03	
			pians	educational disruptions of children in	A-Jul 05	
				foster care as applicable.	A-Jul 03	
			Written State plan	WB2.21.1.e Children's Division	P-Aug 05	
			Witten State plan	Administration partnered with DESE	1 mag os	
				to address identified barriers at State	A-Aug 05	
				level.		
		WB2.21.2 Improve the	Protocols	WB2.21.2.a Local protocols developed	P-Jun 05	
		flow of educational	developed	for alternative care children regarding		
		records and reports		permission of custodian to access	A-Jun 05	
		when children transfer		records needed for enrollment.		
		schools.	Residential	WB2.21.2.b. Incorporated	P-Jun 05	
			Facility contracts	accountability measures for transfer of	R-Jan 06	
		Kathryn Sapp		educational records into Residential	A-	
		Cindy Wilkinson		Facility contracts.		
		WB2.21.3 Decrease the		WB2.21.3.a Consult with National	P-Apr 05	
		incidence of		Resource Centers and other national		
		educational neglect,		education resources regarding early	A-Apr 05	
		truancy and suspension		identification of educational neglect,		
		of children in care.		truancy and suspension of children in		
				care.		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A	chievement
Conformity	ig to IV		Improvement	Action Steps	Wiedstrement		Benchmark	Goal
	Α	N/A						
				Cindy Wilkinson Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe	P-Oct 05	
						School Act.	A-Nov 05	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-	
				WB2.21.4 Decrease the incidence of		WB2.21.4.a Consulted with National Resource Center on Child	P-Apr 05	
				educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	A- Apr 05	
				, II	CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol	WB2.21.4.d Protocol developed for	P-Oct 05	
					developed	accessing early interventions for students at risk for educational neglect, truancy and suspension.	A-Nov 05	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	C		Improvement	1			Benchmark	Goal
	A	N/A						
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Baseline 96.9% 3rd quarter PRR results = 96.7% Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006 A-
				WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.	Circuit Self Assessment Dental coordinator list	WB3.22.1.a Circuits identified available local dental resources. WB3.22.1.b Dental coordinator assigned to each region (local level) to identify barriers and facilitate access to dental providers. WB3.22.1.c Notified dental providers	P-Mar 05 A-Aug 05 P-May 05 A-Jul 05 P-Aug 05	
				Bonnie Washeck	rouncation letter	of regional dental coordinators.	A-Aug 05	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Benchmark	Goal
	A	N/A						
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-Nov 05	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families. Bonnie Washeck	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-Apr 05	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 R-Dec 05 A-	
					Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 R-Jan 06 A-	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-	
Item 23: Mental health needs of the child		X	Baseline 96.4% 3rd quarter PRR results = 96.3% Goal 97.3%		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006 A-
			(Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.					
				WB3.23.1 Increase the ability of Children's Division staff and	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04 A-Aug 04	

				Program Improv	vement Implementa	ition		
1			2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Benefilmark	Goar
	A	N/A						
				families to access available mental health	Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated.	P-Jan 05 A-Jan 05	
				resources. Jim Harrison	Written plan	WB3.23.1.c See S2.3.5 WB3.23.1.d Mental Health Coordinators convened teams to	P-May 05	
						identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	A-May 05	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
				WB.3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues. Cindy Wilkinson		WB3.23.2.a See P1.6.3.a WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix). WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P & A- Ongoing semi- annually P-Sep 04 A-Sep 04 ongoing semi-annual	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-Apr 05	
				intact families.	Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly A-	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	n-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Вененник	Gour
	A	N/A						
Systemic Factors								
Item 24: System	X							
can identify the								
status,								
demographic								
characteristics,								
location and goals								
of children in								
foster care.		**	D 11 00 10/		26 1			
Item 25: Provides		X	Baseline 80.4%		Monitored			
a process that ensures that each			3rd quarter PRR		through Peer Record Review			
child has a written			results = 79.1%		question IV-15			
case plan to be			168uits = 79.170		Rating for the			
developed jointly			Goal 84.4%		overall quality of			
with the child's			(Goal established is		the service plan			
parent(s) that			calculated by taking		and service			
includes the			the average of 8		delivery process.			
required			quarters performance					
provisions.			in 2003 and 2004 and					
			adding 5% of the					
			average to measure					
			improvement.					
				25.1 Improve family		25.1.a See S2.3.1.a		
				assessment and case		25.1.b See S2.3.1.b		
				plan tools to better link		25.1.c See S2.3.1.c		
				service provision to the needs of the family		25.1.d See S2.3.1.d	1	
				identified in the initial		25.1.e See S2.3.1.e	4	
				and ongoing		25.1.f See S2.3.1.f	4	
				assessments.		25.1.g See S2.3.1.g	1	
				Kathryn Sapp		25.1.h See S2.3.1.h		
				25.2 Strengthen		25.2.a See S2.3.2.a		
				worker/supervisor skills		25.2.b See S2.3.2.b	1	
				in engaging families in		25.2.c See S2.3.2.c	1	
				the assessment, case		25.2.d See S2.3.2.d]	
				planning and case plan	25.2.e See S2.3.2.e			

				Program Improv	vement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benefillark	Goar
	A	N/A						
				review process to		25.2.f See S2.3.2.f		
				increase parent,				
				caregiver (alternative				
				care provider) and child				
				involvement in case				
				assessment, plan				
				development and reassessment.				
				Kathryn Sapp				
				25.3 Improve		25.3.a See S2.3.3.a		
				supervisory capacity to		25.3.b See S2.3.3.b	-	
				monitor practice				
				linking the assessment		25.3.c See S2.3.3.c		
				with the overall plan.		25.3.d See S2.3.3.d		
				F-1111		25.3.e See S2.3.3.e 25.3.f See S2.3.3.f		
				Bonnie Washeck				
						25.3.g See S2.3.3.g 25.3.h See S2.3.3.h	1	
				25.4 Maximize		25.4.a See P1.6.2.a		
				parental/family		25.4.b See P1.6.2.b		
				involvement in Family		25.4.c See P1.6.2.c		
				Support Team		25.4.d See P1.6.2.d		
				Meetings.		25.4.e See S2.3.2 a		
				C		25.4.f See S2.3.2 b		
				Bonnie Washeck		25.4.g See S2.3.2 c		
						25.4.h See S2.3.2 d	1	
						25.4.i See S2.3.2 e	1	
						25.4.j See S2.3.2 f	1	
				25.5 Improve staff	Training	25.5.a Began offering 25 supplemental	P-Feb 05	
				facilitation skills for	curriculum	FST trainings to selected staff		
				Family Support Team		throughout state.	A-Feb 05	
				Meetings.		25.5.b Enhanced/Improved FST skill	P-Feb 05	
						application for BASIC.	A-Feb 05	
				Jeff Adams		25.5.c Advanced FST skill application	P-May 06	
						integrated into advanced Family-	A-	
						Centered Out-of-Home Service In-		
						Service module.		

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	15 10 11		Improvement	redon steps	Wiedsdreinen		Benchmark	Goal
	A	N/A						
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06	
Item 26: Process		X	Baseline 62.8%		Monitored			P-Dec 2006
for 6-month case reviews			(derived from average of 8 quarters in FY 2003 and 2004) 3rd Quarter performance = 59.6% Goal 69% (Goal established		through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			A-
			through method described in Item 15 using Outcomes Report data).					
				26.1 Revised current	Draft policy	26.1.a Developed draft policy	P-Feb 05	
				policy to clarify an Administrative Review		clarifying administrative review requirements and procedures.	A-Jul 04	
				and requirements		26.1.b Draft policy sent to policy	P-Mar 05	
						review team and management.	A-Aug 04	
				Susan Savage	Policy revision	26.1.c Feedback received and revisions	P-Apr 05	
						made.	A-Aug 04	
					Policy	26.1.d New policy distributed to CD	P-Jun 05	
		1		rd	disseminated	staff.	A-Aug 04	
				26.2 Recruit 3 rd party participants for Administrative Reviews	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-Nov 05	
				Cindy Wilkinson		26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 R-Jan 06 A-	

				Program Improv	vement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6		Improvement				Benchmark	Goal
	A	N/A						
				26.3 Increase ability to track 6 month	System logic	26.3.a Met with MIS and developed system logic needed to add fields to	P-Aug 04	
				Administrative		SS-61.	A-Aug 04	
				Reviews separately	CS-1 revision	26.3.b Revised the SS-61 to denote	P-Jan 05	
				from FSTs		Administrative Review.	A-Aug 04	
					Revised form	26.3.c Revised form and instructions	P-Jan 05	
				Cindy Wilkinson	disseminated	distributed to all CD staff.	A-Aug 04	
Item 27: Provides		X	Will extract data on					P-Dec 2006
a process that ensures that each			most recent court date from ACTS					A-
child in foster			system.					A-
care under the			system.					
supervision of the			Baseline established					
State has a			on March 31, 2005					
permanency			ŕ					
hearing in a			Baseline for LS 1-3					
qualified court or			<mark>children</mark> on 1031/05					
administrative			= <i>90.2%</i>					
body no later than			G 100.00/ 1/1 0					
12 months from the date the child			Goal 88.0% with a 2					
entered foster care			<mark>% increase</mark>					
and no less								
frequently than								
every 12 months								
thereafter.								
				27.1 Improve access to		27.1.a See P1.9.4.a		
				legal representation for		27.1.b See P1.9.4.b	1	
				CD.		27.1.c See P1.9.4.c	1	
						27.1.d See P1.9.4.d	1	
				Fred Simmens		27.1.e See P1.9.4.e	1	
						27.1.f See P1.9.4.f		
						27.1.g See P1.9.4.g		
						27.1.h See P1.9.4.h		
						27.1.i See P1.9.4.i		
				27.2 Implement		27.2.a Current curriculum evaluated by	P-Apr 05	
				training to develop		Division of Legal Services.	A-Dec 04	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin Conformity	g to No		Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				testifying skills for CD staff.		27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-Jul 05	
				Jeff Adams	Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum modified.	P-Oct 05 A-Oct 05	
						27.2.d Modified curriculum approved.	P-Dec 05 A-	
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06	
				27.3 Increase the timeliness of 12 month Permanency Hearings		27.3.a See 27.2.a 27.3.b See 27.2.b 27.3.c See 27.2.c 27.3.d See 27.2.d		
				Cindy Wilkinson Kathryn Sapp	Report on circuits where issues need	27.3.e See 27.2.e 27.3.f Collaborated with OSCA at the state level to ensure joint	P-May 05	
					to be addressed	accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	A-Jun 05	
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness	P-June 05	
						of hearings. 27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	A-Aug 05 P-July 05 A-Aug 05	
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency	P-Jul 05	
						Hearing date is discussed and documented during team meeting.	A-Jul 05	
						27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 R-Jan 06 A-	
				27.4 Provide cross training to judiciary,		27.4.a See P1.7.4.a 27.4.b See P1.7.4.b		
				court staff, GALs and Children's Division		27.4.c See P1.7.4.c 27.4.d See P1.7.4.d		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Benefillark	Goai
	A	N/A						
				staff on ASFA & Permanency hearings consistent with state and federal regulations. Jeff Adams		27.4.e See P1.7.4.e 27.4.f See P1.7.4.f		
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4% 3rd Quarter PRR results = 88.3%* Goal achieved Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006 A-
				28.1 Improve access to legal representation for CD. Jim Harrison 28.2 Strengthen worker/supervisor skills in engaging families in		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c 28.1.d See P1.9.4.d 28.1.e See P1.9.4.e 28.1.f See P1.9.4.f 28.1.g See P1.9.4.g 28.1.h See P1.9.4.h 28.1.i See P1.9.4.i 28.2.a See S2.3.2.a 28.2.b See S2.3.2.b 28.2.c See S2.3.2.c		
				the assessment, case planning and case plan		28.2.c See S2.3.2.c 28.2.d See S2.3.2.d 28.2.e See S2.3.2.e		

		Program Improv	vement Implementa	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Improvement				Benchmark	Goal
A N/A						
		review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		28.2.f See S2.3.2.f		
		Kathryn Sapp 28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented. Cindy Wilkinson		28.3.a See P1.9.1a 28.3.b See P1.9.1.b 28.3.c See P1.9.1.c 28.3.d See P1.9.1.d 28.3.e See P1.9.1.e		
		28.4 Improve diligent search for relatives/parents		28.4.a See P1.6.2.a 28.4.b See P1.6.2.b 28.4.c See P1.6.2.c 28.4.d See P1.6.2.d		
		28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required. Jim Harrison	Draft proposal Meeting agenda Draft legislation	28.5.a Proposal drafted. 28.5.b Written proposal reviewed by OSCA and the Department. 28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal. 28.5.d Advocated for proposed legislation.	P-Aug 05 A-Aug 05 P-Oct 05 A-Aug 05 P-Nov 05 A- P-Jun 06 A-	

				Program Improv	vement Implementa	tion			
1			2	3	4	5	6	7	
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Stans	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A	chievement	
Conformity	g to INC)11-	Improvement	Action Steps	Wieasurement		Benchmark	Goal	
	A	N/A							
Item 29: Provides a process for		X		29.1 Increase ability of foster parents to be		29.1.a Implemented HB 1453.	P-Aug 04 A-Aug 04		
foster parents, re- adoptive parents, and relative caregivers of children in				notified of and heard in court. Bonnie Washeck	court.	Consumer survey	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court.	P-Jun 05 A-Jun 05	
foster care to be notified of, and have an						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	P-Mar 05 A-Apr 05		
opportunity to be heard in, any review or hearing held with respect to the child.					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-May 05 A-May 05		
Item 30: Standards to assure quality services and ensure children's safety and health	X								
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X								
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X								
Item 33: Ongoing training for staff		X							
				33.1 Develop supervisory training for		33.1.a Professional Development and Training collaborated with HRC for	P-Feb 04		
				front line supervisors.		on-going supervisors training.	A-Feb 04		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	redon steps	Wedstrement		Benchmark	Goal
	Α	N/A						
				Jeff Adams	Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	P-Mar 04 A-Apr 04	
				Jen Adams	Training agenda	33.1.c Implemented Module Five of	P-Jul 04	
					Training agenda	the CPS Supervisor Training Project. 33.1.d Implemented Module Six of the	A-Aug 04 P-Oct 04	
						CPS Supervisor Training Project.	A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project	P-Dec 04	
					List of trainings	Debriefing. 33.1.f HRC supervisor administrative	A-Dec 04 P-Dec 04	
					offered	pre-service training began for CD supervisors.	A-Nov 04	
					Curriculum	33.1.g Professional Development and	P-July 05	
					developed	Training completed development of new supervisor training	A-Jul 05	
						curriculum/structure including initial and on-going training.		
						33.1.h Training curriculum reviewed	P-Aug 05	
						and approved by CD management.	A-Aug 05	
						33.1.i Professional Development and Training selected one rural and one	P-Aug 05	
						metro field test site.	A-Aug 05	
						33.1.j Professional Development and Training field tested curriculum in two	P-Sep 05	
						test sites	A-Sep 05	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06 A-	
					Curriculum	33.1.1 Professional Development and	P-Jan 06	
					revised	Training, revised curriculum based on evaluation	A-	
						33.1.m Professional Development and	P-June 06	
						Training implemented curriculum statewide.	A-	
				33.2 Develop advanced	Curriculum	33.2.a Professional Development and	P-Oct 04	
				in-service training module for investigations and	developed	Training developed advanced inservice curriculum for investigators and assessors.	A-Sept 04	

				Program Impr	ovement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	U		Improvement	1			Benchmark	Goal
	A	N/A						
				assessments Jeff Adams		33.2.b CD administration approved advanced investigation and assessment in-service training module.	P-Nov 04 A-Sept 04	
				Jen Adams	Training dates	33.2.c Professional Development and Training began training advanced	P-Jan 05	
						investigation and assessment curriculum.	A-Sept 04	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced	P-June 05	
						investigation and assessment training module and made revisions.	A-Jun 05	
						33.2.e Professional Development and Training implemented revised	P-Jul 05	
						investigation and assessment advanced in-service training statewide.	A-Jul 05	
				33.3 Develop advanced in-service training module for	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-	P-Feb 04 A-Feb 04	
				Family- Centered Services	Focus group	service training module. 33.3.b Professional Development and	P-Mar 04	
				Jeff Adams	report	Training workgroup conducted focus groups for feedback on Family-	A-Mar 04	
				Jen Adams		Centered Service training needs. 33.3.c Professional Development and	P-Mar 04	
						Training reviewed Family-Centered Service focus group feedback.	A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-	P-Aug 05	
					_	service curriculum for Family-Centered Services.	A-Aug 05	
						33.3.e CD administration approved advanced Family-Centered Services in-	P-Aug 05	
						service training module.	A-Sep 05	
				7	Training dates	33.3.f Professional Development and Training began training advanced	P-Sep 05	
						Family-Centered Services curriculum.	A-Oct 05	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Comorning	Α	N/A	mprovement					
	A	IV/A			Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-	
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06	
				33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care Services	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
				Jeff Adams	focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced inservice curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-Oct 05	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal Goal
	Α	N/A						
		1,171			Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-	
				33.5 Enhanced On-The- Job (OJT) Training	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
				Jeff Adams	Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities. 33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for	P-Mar 05 A-Mar 05 P-June 05 A-Jun 05	
				33.6 Create training advisory Committee to annually assess needs and evaluate training	Advisory Committee participant list	OJT. 33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 A-Apr 05	
				Jeff Adams	Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 R-Feb 06 A-	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 R-Feb 06 A-	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 R-Feb 06 A-	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 R-Mar 06 A-	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Benchmark	Goai
	A	N/A						
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	
				Cindy Wilkinson	Training agenda	33.7.b Held first CA/N Training Institute Session	P-Apr 04 A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-Feb 05	
Item 34: Provision of training for	X			33.8 Provide training based on circuit specific needs Jeff Adams	Circuit Self- Assessments	33.8.a Circuits completed Circuit Self-Assessments 33.8.b Circuits notified Professional Development and Training Unit of targeted training needs 33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Aug 04 A-Aug 04 P-Nov 04 A-Nov 04 P-Jan 05 A-Jan 05	_
caregivers and adoptive parents that parents addresses the necessary skills and knowledge								
Item 35: Service array		X						
				35.1 Increase access and availability to dental services Bonnie Washeck		35.1.a See WB3.22.1.a 35.1.b See WB3.22.1.b 35.1.c See WB3.22.1.c 35.1.d SeeWB3.22.1.d 35.1.e SeeWB3.22.1.e		

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	15 10 11		Improvement	redon steps	Wedsarement		Benchmark	Goal
	A	N/A						
				35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04 A-Jan 04	
				(ADA)	Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	
				Jeff Adams	Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-June 06	
				35.3 Increase availability of specialized foster homes for older youth,		35.3.a See P1.6.5.a		
				siblings, disabled and medically fragile		35.3.b See P1.6.5.b 35.3.c See P1.6.5.c		
				children.		35.3.d See P1.6.5.d		
				Cindy Wilkinson		35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting	Circuit self- assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
				classes and family/parent aide services.	CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06	
				Bonnie Washeck		and parenting class service	Α-	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	U		Improvement	1			Benchmark	Goal
	A	N/A						
				35.5 Increase services to meet the needs of non-English speaking consumers.	Circuit self- assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
					Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-Jul 05	
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to	P-Dec 05	
						accommodate growing Hispanic population)	A-	
				35.6 Increase availability of transportation services.	Circuit self- assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
				Bonnie Washeck		35.6.b Recruited regional service organizations to provide transportation	P-May 05	
					CTS contracts	services. 35.6.c Issued state-wide transportation contracts.	A- Jul 05 P-Mar 06 A-	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X						
	1			See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the		X						

				Program Improv	rement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity		_	Improvement				Benemiark	Goar
	A	N/A						
agency.								
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen		37.2.a See S2.3.2.a		
				worker/supervisor skills		37.2.b See S2.3.2.b		
				in engaging families in		37.2.c See S2.3.2.c		
				the assessment, case		37.2.d See S2.3.2.d		
				planning and case plan		37.2.e See S2.3.2.e		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X			review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		37.2.f See S2.3.2.f		
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							

				Program Impro	ovement Implementa	ntion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	C		Improvement				Benchmark	Goal
·	Α	N/A	•					
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the number of resource families. Cindy Wilkinson		44.1.a See P1.6.5.a 44.1.b See P1.6.5.b 44.1.c See P1.6.5.c 44.1.d See P1.6.5.d 44.1.e See P1.6.5.e 44.1.f See P 2.12.3.a 44.1.g See P 2.12.3.b 44.1.h See P 2.12.3.c 44.1.i See P 2.12.3.d 44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

Children's Bureau Child and Family Services Reviews IV. Program Improvement Plan Matrix (PIP Matrix)

State: Missouri		AC	F Regional Office:		
State contact and telephone:	Lee Temmen, 573-526-3735	Region I	Region IV	X Region VII	Region X
ACF Contact and telephone:	Ann Burds, 816 426-2260	Region II	Region V	Region VIII	
Date and quarter submitted:	February 28, 2006, 4th Quarter	— Region III	— Region VI	Region IX	
A = Achieved N/A = Not Achieved	*Performance derived using the	average of pervious four	r quarters performance		

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	chievement Goal
Comornity	A	N/A	mprovement					
Safety Outcome S1: Item 1:	A	X	Baseline 76.6%		Monitored			Projected-
Timeliness of initiating investigations of reports of child maltreatment		Λ	(derived from average of 8 quarters in FY 2003 and 2004) Performance after 4 Quarters = 82.0%* Exceeds Goal		through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Dec 2006 Actual-
			Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement. Progress to be					

				Program Improv	vement Implementa	ition		
1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	chievement Goal
Conformity	Ι	N/A	Improvement					
	A	IVA	tracked quarterly over two year period from CD Outcomes Report).					
				S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment.		All benchmarks have been completed.		
				S1.1.2 Increase accuracy of data regarding initial		S.1.1.2.a Data system entry guidelines clarified for "initial contact". S.1.1.2.b As determined, if needed by	P-Aug 05 A-Aug 05 P-Feb 06	
				contact. Kathryn Sapp		policy clarification, additional systems entry codes developed to capture accurate data.	A-Jan 06	
				Susan Savage	PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-Oct 05	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals		All benchmarks have been completed.		
				S1.1.4 Develop improvement plan to respond timely to reports of maltreatment		All benchmarks have been completed.		
				S1.1.5 Call Management and Structured Decision	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
				Making (SDM) Protocols Implemented at the Child Abuse and		S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU	P-Apr 04	
				at the Child Abuse and		process.	A-Apr 04	

	Program Improvement Implementation										
1			2	3	4	5	6	7			
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement			
Conformity			Improvement	redon steps	Wiedsurement		Benchmark	Goal			
	A	N/A									
				Neglect Hotline Unit (CA/N HU) to provide consistent screening	Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call management system.	P-Aug 04 A-Aug 04				
				and classification of calls received. Charlotte Gooch	CA/N HU Supervisory Review Tool developed	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-Sept 05				
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-Jun 05				
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-Oct 05				
					PRR tool analysis. On going data collected and reviewed	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly				
					quarterly.		A- Jan 2006				
				S1.1.6 Revised policy relating to non CA/N		S1.1.6.a Defined what statutory core functions are.	P-Dec 05 A-Dec 05				
				referrals (M,P,N) given the division's need to	Draft plan	S1.1.6.b Developed proposed plan for information dissemination on practice	P- Dec 05				
				better address its core	G 1: 'd	changes regarding non CA/N calls.	A-Dec 05	-			
				functions and statutory mandates, with existing available resources.	Consult with NRC-CPS	S1.1.6.c Consulted with National Resource Center on Child Protective	P-Feb 06				
						Services regarding non CA/N referrals. S1.1.6.d Shared proposed plan with	A- P-Mar 06				
				Kathryn Sapp	Policy developed	CJA taskforce S1.1.6.e Policy changed for CANHU	A- P-Mar 06	-			
					Toney developed	on the screening process for non CA/N calls.	A-				
					Training agenda	S1.1.6.f Training provided to CANHU staff on modified protocol changes.	P-Apr 06 A-	•			
					Notification letter	S1.1.6.g Notified known mandated reporters and other professional	P- May 06				
						organizations on practice changes.	A-				

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Вененник	Goar
	A	N/A						
					Disseminate	S1.1.6.h Disseminate policy changes to	P-Jun 06	
					policy	all staff.	A-	
Item 2: Repeat		X	CA/N Recidivism					P-Dec 2006
maltreatment			Nat'l Standard					
			6.1 % or less					
Recurrence of			MO FFY 2003					A-
Maltreatment:			NCANDS					
Of all children			Baseline 8.3%					
who were victims			NCANDS Goal 7.4%					
of a substantiated			(Based on Federal					
or indicated			formula for goal					
maltreatment			setting					
report in the first			Setting					
six months of the			4th quarter					
fiscal year, what			performance= 5.1%*					
percent were			based on quarterly					
victims of another			Outcome Report not					
substantiated or			NCANDS.					
indicated report			NCANDS data not					
within a 6 month			available quarterly.					
period								
				S1.2.1 Ensure		All benchmarks have been		
				consistent and accurate		completed with quarterly evaluation		
				completion of SDM		of SDM PRR.		
				safety and risk assessment.				
Incidence of			CA/N in AC Nat'1	assessment.				P-Dec 2006
Child Abuse			Standard 0.57% or					1-DEC 2000
and/or Neglect in			less					A-
Foster Care:								= -
			MO FFY 2003					
Of all children			NCANDS					
who were in			Baseline 0.37%					
foster care during								
the reporting			Goal Achieved					

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				20110111111111	0041
	Α	N/A						
period of the								
fiscal year, what								
percent								
experienced maltreatment								
from foster								
parents or facility								
staff members?								
sair momocis:				S1.2.2 Implementation	Training agenda	S1.2.2.a All staff trained in CSE	P-Jul 04	
				of "Confirming Safe	Truming agenca	process in test sites of Pettis, Cooper,		
				Environments" (CSE)		and Greene.	A-Jul 04	
				process.	Training agenda	S1.2.2.b Trained one Out-of-Home	P-Jul 04	1
				•		Unit on CSE in St. Louis City.	A-Jul 04	
				Susan Savage		S1.2.2.c In-house expertise developed	P-Dec 04	
						for training	A-Dec 04	
					Evaluation report	S1.2.2.d Central Office staff	P-Mar 05	
						summarized test site implementation in		
						Pettis, Cooper and Greene for Child		
					3.5.11.01.1	Protection	A-Mar 05	_
					Modified	S1.2.2.e Strengths in summary and	P-Aug 05	
					curriculum	CSE curriculum identified by statewide	A A 05	
					Submission of	committee. S1.2.2.f Strengths in summary and	A-Aug 05 P-Jan 06	-
					expansion and	CSE curriculum incorporated into	R-Jul 06	
					training plan	policy and practice through policy	A-	
					Laming plan	memo and localized training.	11	
				S1.2.3 Strengthen	Policy developed	S1.2.3.a Developed policy regarding	P-May 05	
				policy regarding		assessment of safety at and throughout	R-Jul 06	
				assessment of safety at		placement.	A-	
				and throughout	Policy	S1.2.3.b Disseminate policy and	P-June 05	
				placement.	disseminated	monitor through on going circuit self-	R-Jul 06	
						assessments, PRR and supervisory	A-	
				Cindy Wilkinson		oversight.		

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				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	g to N	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benefilmark	Goar
	A	N/A						
				S1.2.4 Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.		All benchmarks have been completed.		
				S1.2.5. Strengthen policy and practice relating to chronic neglect and accumulation of harm.	Analysis report Waiver	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR). S1.2.5.b Submit revised Title IV-E	P-June 04 A-Feb 04 P-Jan 05	
				Kathryn Sapp	application Training	waiver application for Chronic Neglect pilot. S1.2.5.c Training Curriculum for pilot	A-May 05 P-July 05	
					curriculum	sites developed regardless of waiver	A-Jun 05	
						outcome. S1.2.5.d Three pilot sites selected (Jasper, McDonald and Newton	P-July 05	
						counties) based on negotiations with Federal partners.	A-Jun 05	
					Training agenda	S1.2.5.e Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	
					IAR Screening Tool	S1.2.5.f Used IAR's screening tool to determine if families meet the CN	P-Nov 05	
					Tracking tool	criteria. S1.2.5.g Developed a tool for manual tracking of CN families to be utilized throughout pilot.	A-Oct 05 P-Feb 06	
						throughout pilot S1.2.5.h Initiated pilots.	A- P-Apr 06 A-	
					Evaluation report	S1.2.5.i CD staff evaluated effectiveness of pilot.	P-Oct 06 A-	

				Program Impi	rovement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement Benchmark Goal	
							Benefimark	Goar
	A	N/A						
					Outcome data	S1.2.5.j Based on results determine statewide applicability	P-Nov 06 A-	
				S1.2.6 Develop performance-based contract for foster parents Bonnie Washeck	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-May 05	
						S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-Dec 05	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
Safety Outcome S2:								
Item 3: Services to family to protect child(ren) in home and prevent removal		X	Baseline 80.4% 4th quarter PRR results = 78.7%* Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance		Peer Record Review (PRR) IV-15 Rating of the overall quality of the service plan and service delivery			P-Dec 2006 A-

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	15 10 11	OII	Improvement	retion Steps	ivicusurement		Benchmark	Goal
	A	N/A						
			in 2003 and 2004 and adding 5% of the average to measure improvement.)					
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family	Draft of CD-14 Evaluation report	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2. S2.3.1.b CD-14 family assessment tool field test expanded to other sites. S2.3.1.c Results of field test evaluated	P-Sep 04 A-Sep 04 P-May 05 A-Feb 05 P-Jun 05	
				identified in the initial	Revised CD-14	and analyzed by staff and work group. S2.3.1.d Revised CD-14 as needed.	A-Mar 05 P-Jul 05 A-Apr 05 P & A	-
						S2.3.1.e Recommendations regarding changes made.	On-going	
				specifically related to child safety and risk concerns (to be	Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 R-Jan 06 A-Dec 05	
				completed concurrently with S2.3.2)	Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-Feb 06	
				Kathryn Sapp		S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-Feb 06	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04 A-Aug 04	
				review process to increase parent, caregiver (alternative	Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04 A-Oct 04	
				care provider) and child involvement in case assessment, plan	Training curriculum developed and	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-Feb 05	
				development and	began	duming occur.	7110003	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
				reassessment.		S2.3.2.d Up to twenty sessions of	P-Feb 05	
				Bonnie Washeck		Supplemental Supervisory training for all Supervisor I's began.	A-Mar 05	
					Training agenda and summary of	S2.3.2.e Training provided for existing staff and feedback solicited from	P-Oct 05	
					feedback	trainees on training.	A-Oct 05	
					Survey results	S2.3.2.f PET teams annually analyzed	P-Nov 05	
					and circuit	family satisfaction survey data and	annually	
					improvement	PDR results for improvement with the	A-Feb 06	
					plans	expectation that circuits develop methods to improve.		
				S2.3.3 Improve supervisory capacity to		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05	
				monitor enhanced			A-May 05	
				practice relating to case	Draft of tool	S2.3.3.b Created draft standardized	P-June 05	
				planning.		supervisory case review tool.	A-Sep 05	
						S2.3.3.c Supervisory case review tool	P-Sept 05	
				Susan Savage		field tested by selected supervisors.	A-Sep 05	
					Feedback	S2.3.3.d Feedback from field testing	P-Jan 06	
					summary	reviewed by review team.	A-Dec 05	
					Tool revision	S2.3.3.e Supervisory case review tool	P-Jan 06	
					D	revised as needed.	A-Jan 06	
					Protocol	S2.3.3.f Protocol for supervisory case	P-Jan 06	
					established and	review established and manual	A-Jan 06	
					manual revision	revisions made. S2.3.3.g System automation completed	P-Feb 06	
						for supervisory case review tool.	A-	
					Policy	S2.3.3.h Supervisory case review tool	P-Feb 06	
					disseminated and	and protocols approved and distributed	110000	
					implemented	for statewide use.	A-	
				S2.3.4 Establish	I.	S2.3.4.a Developed service access	P-Aug 05	
				procedures to access various service funding		funding grid and guidelines.	A-Aug 05	
				streams. Bonnie Washeck				
				Donnie washeek				

				Program Improv	vement Implementa	ntion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal Goal
Comorning	A	N/A	Improvement					
	Α	IV/A			Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-Feb 06	
				S2.3.5. Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.		All benchmarks have been completed.		
Item 4: Risk of harm to child(ren)		X	Baseline 89.4% 4th quarter PRR results = 89.5%* Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment.			P-Dec 2006 A-
				S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.		All benchmarks have been completed.		
				S2.4.2 Implementation of "Confirming Safe Environments" process.		S2.4.2.a See to S1.2.2.a S2.4.2.b See to S1.2.2.b S2.4.2.c See to S1.2.2.c S2.4.2.d See to S1.2.2.d	-	
				Susan Savage		S2.4.2.e See to S1.2.2.e		

				Program Improv	ement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Achievement Goal
Conformity			Improvement					
	A	N/A						
				S2.4.3 Implement enhanced background screening for foster/kinship and court		S2.4.2.f See to S1.2.2.f All benchmarks have been completed.		
				ordered providers. S2.4.4 Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.		All benchmarks have been completed with ongoing monitoring of POE reports received by residential facilities.		
				S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.		S2.4.5.a See S2.3.1.a S2.4.5.b See S2.3.1.b S2.4.5.c See S2.3.1.c S2.4.5.d See S2.3.1.d S2.4.5.e See S2.3.1.e S2.4.5.f See S2.3.1.f S2.4.5.g See S2.3.1.g S2.4.5.h See S2.3.1.h		
Permanency Outcome 1		X		Kathryn Sapp				
Item 5	X		Passed CFSR On-site review and 2002 AFCARS					
Item 6 : Stability of foster care		X	Stability in foster care. Nat'l Standard					P-Dec 2006

				Program Improv	vement Implementa	ntion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributi	ng to N	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity	A	N/A	Improvement					
placement	A	IN/A	86.7% or more					A-
pracement			4th quarter performance based on quarterly outcomes report = 74.9%* not AFCARS formula. AFCARS data not available. MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting)	P1.6.1 Increase system capacity to accurately track placement kinship vendor types. Lesley Pettit	Policy disseminated Data converted Quarterly Outcome Report	P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Nonrelated, Not licensed 3) Kin, Nonrelated, Licensed. P1.6.1.b Coding changes in Legacy completed. P1.6.1.c Policy updated and distributed to CD staff. P1.6.1.d Staff will convert existing data to reflect accurate placement types. P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Mar 05 A-Feb 05 P-May 05 A-May 05 P-Aug 05 A-Sep 05 P-Dec 05 A-Feb 06 P-Apr 06 A-	A
				P1.6.2 Improve diligent search for relatives/missing parents.		All benchmarks have been completed.		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Syste Item(s) Contributi			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Deficilitation	Goai
	A	N/A						
				P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements		All benchmarks have been completed.		
				P1.6.4 Identify resource family types and shortages	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-Apr 05	
				Shortages	Circuit	P1.6.4.b Recruitment plan targeting	P-May 05	
				Cindy Wilkinson	management plan	resource families written into a circuit management plan to address identified need.	A-Jul 05	
					Contract extension	P1.6.4c Extended current Foster Care/Adoption Resource Services contract	P-Nov 05 A-Nov 05	
					Circuit progress reports	P1.6.4d Circuit reported quarterly progress on recruitment activities	P-Feb 06 quarterly A-	
					NRC Technical Assistance plan	P1.6.4e Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
				P1.6.5 Increase number of resource families	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee	P-Jun 04 A-Jun 04	
				Cindy Wilkinson	Adopt US Kids	program. P1.6.5.b Implemented Adopt US Kids	P-Jul 04	
					campaign	campaign.	A-Jul 04	
					Request for Proposal	P1.6.5.c RFP written and released for performance based case management contracts (PBC).	P-Apr 05 A-Apr 05	
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 05	
					11ward retters	11.5.5.4 Hwarded 1 De contracts.	A-Jun 05	
						P1.6.5.e PBC Case Management	P-Sep 05	
						Services began	A-Sep 05	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	chievement Goal
Comorning	A	N/A	Improvement					
	71	14/11			Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services contract.	P-Nov 05 A-Nov 05	
					ACTS data report	P1.6.5.g Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability.	P-Feb 06 quarterly A-	
					NRC Technical Assistance plan	P1.6.5.h Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
					Annual report	P1.6.5.i Annual report to General Assembly regarding PBC regarding case management, recruitment and training outcomes.	P-Jul 06 annually A-	
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06 A-Jan 06	
				Cindy Wilkinson	Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability. P1.6.6.c Developed a placement	P-May 06 A- P-Oct 06	
					Matching tool developed	matching tool designed for use in team decision making. P1.6.6.d Tool disseminated with instructions.	A- P-Nov 06	
					disseminated	P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	A-P-Dec 06	

				Program Improv	vement Implementa	ition		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity			Improvement				Deficilitation	Goai
	A	N/A						
				P1.6.7 Evaluate support and training provided for relative/kinship resource families	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-Feb 06	
				Cindy Wilkinson	Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-	
				Jeff Adams	Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 A-	
Item 7: Permanency goal for child		X	Baseline 85.9% 4th quarter PRR results = 83.5%* Goal 90.2% (Goal established is		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006 A-
			calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)					
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy		All benchmarks have been completed. Ongoing PRR monitoring.		
				P1.7.2 Improve quality of Family Support		P1.7.2.a Made ACTS systems changes to track permanency reviews separately	P-Aug 04	
				Teams (FSTs) to ensure permanency goal is reviewed and	Policy developed	from FSTs. P1.7.2.b Policy written on ACTS systems changes and elements	A-Aug 04 P-Sep 04	
				established		necessary for permanency reviews.	A-Aug 04	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	Trough Stops	1/1045410110110		Benchmark	Goal
	A	N/A						
					Policy	P1.7.2.c Policy disseminated to all	P-Sep 04	
				Kathryn Sapp	disseminated	staff.	A-Aug 04	
				Cindy Wilkinson	Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and	P-Jan 05	
						computer systems training.	A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will	P-Mar 05	
						serve as expert facilitators for more difficult FSTs.	A-Jul 05	
					Protocol	P1.7.2.f Protocol developed for	P-Apr 05	
					developed	accessing expert facilitators.	A-May 05	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05	
							R-Jan 06	
							A-Jan 06	
					Memo	P1.7.2.h Memo describing expert	P-Apr 05	
					disseminated	facilitator access protocol and expert	R-Jan 06	
						facilitator duties distributed to all staff.	A-Feb 06	
				P1.7. 3 Strengthen		P1.7.3.a Circuit Managers monitored	P-Mar 05	
				policy and practice		outcomes through PRR tool.	A-Mar 05	
				relating to concurrent planning.	Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement	P-May 05	
						plans.	A- Jul 05	
				Cindy Wilkinson	Training curriculum and	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service	P-May 06	
					revised child welfare manual	Module training and child welfare manual.	A-	
				P1.7.4 Increase	wenare manuar	All benchmarks have been		
				collaboration with		completed. Continue bi-annual		
				courts by providing		training with OSCA.		
				cross training to		training with OSCA.		
				judiciary, court staff,				
				GALs and Children's				
				Division staff on ASFA				
				& Permanency hearings				
				consistent with state				
				and federal regulations.				
Į.				and rederal regulations.				

				Program Improv	rement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benefimark	Goar
	A	N/A						
Item 8:		X	Reunification					P-Dec 2006
Reunification,			Nat'l Standard					
guardianship, or			76.2% or more					A-
permanent placement with			MO FFY 2003					
relatives.			AFCARS					
iciatives.			Baseline 59.8%					
			Buschine 37.070					
			AFCARS Goal					
			62.2% (Based on					
			Federal formula for					
			goal setting).					
			4th quarter					
			performance based					
			on quarterly outcomes report =					
			68.2 %* not					
			AFCARS. AFCARS					
			data not available.					
				P1.8.1 Address		All benchmarks have been		
				permanency and		completed.		
				services needs of		completed.		
				children in Legal Status				
				2, 3, and 4.				
				P1.8.2 Establish		P1.8.2.a See S2.3.4.a.		
				procedures to access		P1.8.2.b See S2.3.4.b.		
				various service funding				
				streams.				
				Bonnie Washeck				

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Вененник	Gour
	A	N/A						
				P1.8.3 Ensure		All benchmarks have been		
				frequency and		completed.		
				timeliness of Family				
				Support Team				
				Meetings occurs per				
				policy.		D1 0 4 G D1 7 2		
				P1.8.4 Improve quality		P1.8.4.a See P1.7.2.a	1	
				of Family Support Teams to assure the		P1.8.4.b See P1.7.2.b	-	
				review of permanency		P1.8.4.c See P1.7.2.c		
				goal.		P1.8.4.d See P1.7.2.d		
				goai.		P1.8.4.e See P1.7.2.e P1.8.4.f See P1.7.2.f		
				Kathryn Sapp				
				Cindy Wilkinson		P1.8.4.g See P1.7.2.g P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase		All benchmarks have been		
				collaboration with		completed.		
				courts by providing cross training to new				
				judiciary, court staff,				
				Children's Division				
				staff and GAL's on				
				ASFA & Permanency				
				hearings consistent				
				with state and federal				
				regulations.				
				P1.8.6 Increase		All benchmarks have been		
				collaboration with		completed.		
				courts by providing				
				cross training to				
				judiciary, court staff,				
				GAL's and Children's				
				Division staff regarding				
				roles and				
				responsibilities.				

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity			Improvement	•			Benchmark	Goal
	A	N/A						
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.		All benchmarks have been completed.		
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7. Jim Harrison Lesley Pettit		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody. P1.8.8.b See P1.6.1a P1.8.8.c SeeP1.6.1b P1.8.8.d See P1.6.1c P1.8.8.e See P1.6.1d P1.8.8.f See P1.6.1e	P-Oct 05 A-Oct 05	-
Item 9: Adoption	X		Adoption Nat'l Standard 32% or more MO FFY 2003 AFCARS Baseline 38.5% Goal achieved					P- Dec 2006 A-
				P1.9.1 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.	Data report Circuit reports on outcomes of meetings with courts.	P1.9.1.a.Examine TPR data from current information system. P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Feb 05 A-Feb 05 P-Jun 05 A-Jul 05	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Deficilitation	Goai
	A	N/A						
				Cindy Wilkinson Kathryn Sapp	Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
					Policy disseminated	P1.9.1.d Policy disseminated to staff and supervisory oversight	P-Aug 05 R-Mar 06 A-	
						P1.9.1.e Incorporated into BASIC training.	P-Jun 05 R-Mar 06 A-	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-	
				P1.9.2 Increase number	Performance	P1.9.2.a See P1.6.5.a		
				of resource families.	based contracts	P1.9.2.b See P1.6.5.b		
					and outcome	P1.9.2.c See P1.6.5.c		
				Cindy Wilkinson	reports	P1.9.2.d See P1.6.5.d		
						P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct home studies and finalize adoptions.		All benchmarks have been completed.		
				P1.9.4 Improve access to legal representation for CD staff.		All benchmarks have been completed.		
Item 10: Other planned living arrangement		X	Baseline 63.6% 4th quarter results for PRR V-22 = 52.7%* Goal = 66.4%		PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.)			
			Baseline 63.3%					

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Antina Stano	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A	chievement
Conformity	g to N	OII-	Improvement	Action Steps	Wieasurement		Benchmark	Goal
	A	N/A	-					
			Goal = 66.4% 4th quarter results for PRR V-21 = 71.5%* Goal achieved Goal established is calculated by taking the average of 8 quarters performance (in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-21 Youth 16 or over, are participating in or have completed ILP classes			P-Dec 2006 A-
			improvement.)	P1.10.1 Increase number and quality of resource families for older youth Cindy Wilkinson	Discuss recruitment activities Recruitment activities report	P1.10.1.a See P1.6.5.a P1.10.1.b See P1.6.5.b P1.10.1.c See P1.6.5.c P1.10.1.d See P1.6.5.d P1.10.1.e See P1.6.5.e P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth. P1.10.1.g Met with IL Specialists to report on community recruitment activities. P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	P-Mar 05 A-Mar 05 P-Jun 05 A-Jun 05 P-Sep 05 A-Sep 04	
				P1.10.2 Increase awareness of Chafee program services to staff and community members.		All benchmarks have been completed. Continue annual SYAB conference and providing Chafee information.		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement				Benefillark	Goar
	A	N/A						
				P1.10.3 Increase program accessibility to provide life skills training services for older youth.		All benchmarks have been completed. Continue annual SYAB conference and consulting with SYAB on older youth needs.		
Permanency Outcome P2:								
Item 11: Proximity of foster care placement	X							
Item 12: Placement with siblings		X	Baseline 85.6 4th quarter PRR results = 85.8%* Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-
				P2.12.1 Increase the number of siblings placed together	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04 A-Aug 04	
				Kathryn Sapp	Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	P-Aug 04 A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Feb 05 Ongoing Quarterly A-Ongoing	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5		Improvement				Benchmark	Goal
	A	N/A						
				P2.12.2 Develop an	Administrative review developed	P2.12.1.d Developed administrative process to review cases after siblings are separated after 30 days. P2.12.2.a Emphasis on the importance	P-Nov 05 R-Apr 06 A- P-Nov 05	
				ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.		of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	A-Dec 05	
				Jeff Adams		P2.12.2.b See P1.7.4.a P2.12.2.c See P1.7.4.b P2.12.2.d See P1.7.4.c P2.12.2.e See P1.7.4.d P2.12.2.f See P1.7.4.e P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06	
				P2.12.3 Increase capacity for resource families that accept sibling groups. Cindy Wilkinson		P2.12.3.a See P1.6.5.a P2.12.3.b See P1.6.5.b P2.12.3.c See P1.6.5.c P2.12.3.d See P1.6.5.d P2.12.3.e See P1.6.5.e		
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 % 4th quarter PRR results = 84.5%*	, and the second	Parents' visits monitored through PRR Question V-13.			

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	ig to N	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity	Ι Δ	NT/A	Improvement					
	A	N/A	Goal 90.3%		There is a current			P-Dec 2006
			(Goal established is		visitation plan in			P-Dec 2006
			calculated by taking		place to facilitate			
			the average of 8		reunification.			A-
			quarters performance					
			in 2003 and 2004 and		Sibling visits			
			adding 1% of the		monitored			
			average to measure		through Peer			
			improvement).		Record Review			
	Rase		Baseline 85.6%		question V-4: Siblings are			
			Daseille 65.0%		placed together or			
			4th quarter PRR		there is ongoing			
			results = 85.8% *		visitation.			
			Goal 89.9%					
			(Goal established is					
			calculated by taking					
			the average of 8					
			quarters performance in 2003 and 2004 and					
			adding 5% of the					
			average to measure					
			Improvement).					
				P2.13.1 Increase	Policy revision	P2.13.1.a Revised policy to improve	P-Aug 05	
				frequency and quality		qualitative and quantitative visitation	R-Jul 06	
				of parent/child and		plan requirements.	A-	
				sibling visits.		P2.13.1.b Incorporated policy revision	P-Sept 05	
				Cindy Wilkinson		into BASIC training and supervisory	R-Aug 06 A-	
				Ciliuy Wilkilisoli	PRR	oversight provided to existing staff. P2.13.1.c Incorporated revisions into	P-Sept 05	
					1 KK	PRR tool.	R-Aug 06	
						TRIC tool.	A-	
					Revised policy	P2.13.1.d Policy revision incorporated	P-May 06	
					and training	and staff training began: Advanced	R-Aug 06	
					module	FCOOHC In-Service training module.	A-	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or Syste Item(s) Contribut			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	ing to iv		Improvement	Action Steps	Wiedsurement		Benchmark	Goal
	A	N/A						
					Quarterly data reports	P2.13.1.e Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 05 R-Nov 06 A-	
					Practice improvement plans developed	P2.13.1.f Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 05 R-Nov 06 A-	
Item 14:		X	Baseline 23.3%		Relative			P-Dec 2006
Preserving connections			4th quarter performance = 25.0%* Goal 25.6% Baseline 83% 4th quarter results for PRR = 84.0 %* Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Placement CD-Outcomes #17. Increase the number of children placed with relative provider PRR V-1 Consideration was given to relatives or kin for placement.			A-
			•	P2.14.1 Increase emphasis on preserving familial and community	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05 A-Jan 06	
				connections for		P2.14.1.b Submitted evaluation	P-July 05	
				children in out of home care.		recommendations to administration.	A-Jan 06	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Comorning	Α	N/A	Improvement					
	A	IVA		Kathryn Sapp		P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-Aug 05 A-Jan 06	
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-Feb 06	
				P2.14.2 Improve diligent search for relatives/missing parents.		All benchmarks have been completed.		
				P2.14.3 Revise ICWA policy	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
				Cindy Wilkinson Kathryn Sapp	CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05 A-Apr 05	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05	
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	A-Dec 05 P-Sept 05 A-Mar 05	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-Jun 05	
Item 15: Relative placement		X	Baseline 25.9% 4th quarter Outcome Reports results = 28.0%* Goal achieved Goal 27.2%		Relative Placement monitored through the number of children placed with relative provider in legal		P-Dec 2006 A-	
			(Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and		status 1-4			

		Program Impro	vement Implementat	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing to Non-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity	Improvement				Вененник	Cour
A N/A						
	adding 5% of the average to measure improvement). Progress to be tracked quarterly over two year period from CD Outcomes Report Baseline 83.0% 4th quarter PRR results = 84.0%* Goal 87.2% (Goal established is calculated by taking the average of 8 quarters performance adding 5% of the average to measure improvement).		Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement			
	improvementy.	P2.15.1 Increase system capacity to accurately track placement kinship vendor types. Lesley Pettit P2.15.2 Improve diligent search for relatives/missing parents. P2.15.3 Evaluate support and training		P2.15.1.a See P1.6.1.a P2.15.1.b See P1.6.1.b P2.15.1.c See P1.6.1.c P2.15.1.d See P1.6.1.d P2.15.1.e See P1.6.1.e All benchmarks have been completed. P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b		

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity		37/4	Improvement					
	A	N/A				D2 15 2 · C · D1 C 7 ·		
				provided for relative/kinship resource families Cindy Wilkinson Jeff Adams		P2.15.3.c See P1.6.7.c		
Item 16: Relationship of child in care with parents		X	Baseline 91.0% 4th quarter PRR results = 90.1%* Goal 91.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006 A-
			improvement).	P2.16.1 Improve diligent search for non-custodial parent.		All benchmarks have been completed.		
				P2.16.2 Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process.	PRR Outcomes	P2.16.2.a See S2.3.2.a P2.16.2.b See S2.3.2.b P2.16.2.c See S2.3.2.c P2.16.2.d See S2.3.2.d P2.16.2.e See S2.3.2.e P2.16.2.f See S2.3.2.f		

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Chievement Goal
Conformity			Improvement	•			Benchmark	Goal
	A	N/A						
Well Being Outcome 1 Families have enhanced capacity				Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp				
to provide for children's needs								
Item 17: Needs and services of child, parents, foster parents		X	4th quarter PRR results = 80.9%* Goal 86.2% Baseline 91.0% 4th quarter PRR results = 89.6%* Goal 95.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).	WB1.17.1 Improve	PRR III-10 Rating for the overall quality of the comprehensive assessment. PRR III-3 The needs of the family/child are identified.	WB1.17.1.a See S2.3.1.a		P-Dec 2006 A-
				WB1.17.1 Improve family assessment and		WB1.17.1.a See S2.3.1.a WB1.17.1.b See S2.3.1.b		

				Program Improv	ement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributir	ng to N	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benefilmark	Goar
	A	N/A						
				case plan tools to better		WB1.17.1.c See S2.3.1.c		
				link service provision		WB1.17.1.d See S2.3.1.d		
				to the needs of the bio		WB1.17.1.e See S2.3.1.e		
				family identified in the		WB1.17.1.f See S2.3.1.f		
				initial and ongoing		WB1.17.1.g See S2.3.1.g		
				assessments.		WB1.17.1.h See S2.3.1.h		
			Baseline 80.4%	Kathryn Sapp	PRR IV-15			
			4th quarter PRR		Rating for the			
			results = 78.7 %*		overall quality of			
			1317/0		the service plan			
			Goal 84.4%		and service			
			(Goal established is		delivery process.			
			calculated by taking					
			the average of 8					
			quarters performance					
			in 2003 and 2004 and					
			adding 5% of the					
			average to measure					
			improvement).	WD1 17 0 0: -1		WD1 17.2 G G2.2.2		
				WB1.17.2 Strength workers skills in		WB1.17.2.a See S2.3.2.a	-	
				engaging families in the		WB1.17.2.b See S2.3.2.b	-	
				assessment, case		WB1.17.2.c See S2.3.2.c		
				planning and case plan		WB1.17.2.d See S2.3.2.d	4	
				review processes to		WB1.17.2.e See S2.3.2.e	4	
				increase parent,		WB1.17.2.f See S2.3.2.f		
				caregiver (alternative				
				care provider) and child				
				involvement in case				
				assessment, plan				
				development and				
				reassessment				
				Kathryn Sapp		VID 4 4 7 0 . G . G 4 5 5		
				WB1.17.3		WB1.17.3.a See S1.2.2.a		

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	Ü		Improvement	1			Benchmark	Goal
·	A	N/A	•					
				Implementation of		WB1.17.3.b See S1.2.2.b		
				"Confirming Safe		WB1.17.3.c See S1.2.2.c]	
				Environments" to		WB1.17.3.d See S1.2.2.d		
				reduce the risk for		WB1.17.3.e See S1.2.2.e		
				children in		WB1.17.3.f See S1.2.2.f		
				foster/kinship care to				
				identify needs of child				
				and providers.				
				Cindy Wilkinson				
Item 18: Child		X	Baseline 74.1%		Monitored			P-Dec 2006
and family					through Peer			
involvement in			4th quarter PRR		Record Review			A-
case planning.			results = 74.8 %*		question IV-8:			
			Goal 77.8%		The family			
			(Goal established is		participated in the development of			
			calculated by taking		and signed the			
			the average of 8		service plan.			
			quarters performance		service plan.			
			in 2003 and 2004 and					
			adding 5% of the					
			average to measure					
			improvement).					
				WB1.18.1 Maximize		WB1.18.1.a See S2.3.2 a		
				parental/family		WB1.18.1.b See S2.3.2 b	1	
				participation in Family		WB1.18.1.c See S2.3.2 c	_	
				Support Team		WB1.18.1.d See S2.3.2 d	4	
				Meetings.		WB1.18.1.e See S2.3.2 e	-	
				Bonnie Washeck	D 1	WB1.18.1.f See S2.3.2 f	D 4 05	-
				Domine washeek	Protocol	WB1.18.1.g Established a protocol for	P-Aug 05	
					established	accessing division staff outside of	A-Aug 05	
				WB1.18.2 Improve the		regular working hours. WB1.18.2.a See P1.7.2a	A-Aug 05	
				quality of Family		WB1.18.2.b See P1.7.2b	-	
				Support Team		WB1.18.2.6 See P1.7.26 WB1.18.2.c See P1.7.2c	1	
				Support Team	1	WD1.10.2.C SEE F1./.2C		1

	Program Improvement Implementation									
1	2	3	4	5	6	7				
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal				
	Improvement									
Item 19: Worker visits with child – improve quantity and quality	Baseline 72.8% 4th quarter PRR results = 77.3%* exceeds goal Goal 76.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).	Meetings. Kathryn Sapp Cindy Wilkinson WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, court procedures, etc. Cindy Wilkinson	Workgroup list Parent handbook Survey results Policy developed Policy disseminated Training curriculum Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.	WB1.18.2.d See P1.7.2e WB1.18.2.e See P1.7.2f WB1.18.2.f See P1.7.2g WB1.18.2.h See P1.7.2h WB1.18.3.a Collected parent handbooks used by various circuits. WB1.18.3.b Convened a work group to evaluate parent handbooks. WB1.18.3.c Developed a universal parent handbook. WB1.18.3.d Solicited consumer feedback on parent handbook WB1.18.3.e Developed policy on use of parent handbook. WB1.18.3.f Policy distributed to all staff and supervisory oversight. WB1.18.3.g Policy Incorporated into BASIC training	P-Aug 05 A-Aug 05 P-Oct 05 A-Sep 05 P-Jan 06 A-Jan 06 P-Apr 06 A- P-July 06 A- P-Sept 06 A- P-Oct 06 A- P-Oct 06					
		policy addressing the	appointments	and practice team.	A-Feb 05					

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 10 1 11	J.1.	Improvement	Trough Steps	TVICUS GIVENIUM		Benchmark	Goal
	Α	N/A						
				quality of visits to incorporate case	Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
				planning, service delivery and goal attainment.	Policy developed	WB1.19.1.c Team developed policy on visitation and draft protocol regarding quality of visits.	P-May 05 R-Apr 06 A-	
				Bonnie Washeck	Recommendations reviewed	WB1.19.1.d Recommendation reviewed by policy review team and executive staff.	P-Jun 05 R-May 06 A-	1
						WB1.19.1.e Policy disseminated to staff.	P-Aug 05 R-Jul 06 A-	
						WB1.19.1.f Utilize Practice Enhancement Teams (PET) to support protocols.	P-Aug 05 R-Jul 06 A-	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.		All benchmarks have been completed. Quarterly circuit workload reports.		
				WB1.19.3 Tracking system to track worker		WB1.19.3.1.a Enhancements made to the existing ACTS and FCS system.	P-Feb 06 A-	
				visits (date/site). Jim Harrison		WB1.19.3.1.b SACWIS began to be available to track visitation in Case	P-May 06	
Item 20: Worker Visit with parent(s).		X	Baseline 85.3% 4th quarter PRR		Intact and Foster Care Cases monitored	Management System.	A-	P-Dec 2006
parent(s).			results = 85.6%* Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the		through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			Α-

				Program Impro	vement Implementa	ition		
1			2	3	4	5	6	7
Outcome or System Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Conformity	1.	37/4	Improvement					
	A	N/A						
			average to measure improvement).					
				WB1.20.1 Strengthen worker relationships with biological or	Protocols established	WB1.20.1.a Protocols established in WB1.19.1.c included in adoptive parent training	P-May 05 R-Apr 06 A-	
				adoptive parents. Bonnie Washeck	Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	P-Jun 05 A-Jun 05	
				Bonne Washeek		WB1.20.1.c See S2.3.2.a WB1.20.1.d See S2.3.2.b WB1.20.1.e See S.2.3.2.c WB1.20.1.f See S.2.3.2.d WB1.20.1.g See S.2.3.2.e WB1.20.1.h See S2.3.2.f	A-Juli 03	
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3 a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment. b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out- of-home cases.		WB1.20.2.a See WB1.19.1.a-f WB1.20.2.b See WB1.19.2 a-c		
				c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.c See WB1.19.3 a-b		

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6		Improvement				Benchmark	Goal
	A	N/A						
Well Being Outcome 2 Children receive services to meet their educational needs								
Item 21: Children receive appropriate services to meet their educational needs		X	Baseline 95.6% 4th quarter PRR results = 94.8%* Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006 A-
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.		All benchmarks have been completed.		
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.	Protocols developed Residential	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment. WB2.21.2.b. Incorporated	P-Jun 05 A-Jun 05 P-Jun 05	
				Kathryn Sapp Cindy Wilkinson	Facility contracts	accountability measures for transfer of educational records into Residential Facility contracts.	R-Jan 06 A-Feb 06	

	Program Improvement Implementation								
1			2	3	4	5	6	7	
Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement	
Conformity			Improvement	111111111111111111111111111111111111111			Benchmark	Goal	
	A	N/A							
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care. Cindy Wilkinson		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05		
				Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05		
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05		
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05		
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05		
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-Feb 06		
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-Feb 06		
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A- Apr 05		
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05		

				Program Impro	vement Implementat	ion		
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Outcome or System Item(s) Contributin			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	giorn		Improvement	Action Steps	Wiedsurement		Benchmark	Goal
	A	N/A						
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for	P-Oct 05	
						students at risk for educational neglect, truancy and suspension.	A-Nov 05	
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe	P-Oct 05	
						School Act.	A-Nov 05	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-Feb 06	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-Feb 06	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Baseline 96.9% 4th quarter PRR results = 96.1%* Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006 A-

	Program Improvement Implementation								
1			2	3	4	5	6	7	
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement	
Conformity	6		Improvement				Benchmark	Goal	
	A	N/A							
				WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.		All benchmarks have been completed.			
				WB3.22.2 Increase capacity of staff to assess medical needs	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-Apr 05		
				of children in intact families. Bonnie Washeck	Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 R-Dec 05 A-Dec 05		
				Bonnie Wasneck	Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide. WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service	P-Oct 05 R-Jan 06 A-Feb 06 P-Jan 06		
Item 23: Mental health needs of the child		X	Baseline 96.4% 4th quarter PRR results = 96.0%* Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-19: The mental health needs of the child are being met.	training module.	A-Feb 06	P-Dec 2006 A-	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	5 00 1 11		Improvement	Tionon Stops	TYTOUS OF CHILDREN		Benchmark	Goal
	A	N/A						
				WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health resources.		All benchmarks have been completed.		
				WB.3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues. Cindy Wilkinson	Curriculum developed Training agenda	WB3.23.2.a See P1.6.3.a WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix). WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix). WB3.23.2.d Developed Reactive Attachment Disorder curriculum. WB3.23.2.e Incorporated attachment issues training into	P & A- Ongoing semi- annually P-Sep 04 A-Sep 04 ongoing semi-annual P-Mar 05 A-Mar 05 P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in intact families. Kathryn Sapp	Practice improvement plans	on-going training. WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h). WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-July 05 A-Apr 05 P-Apr 06 ongoing quarterly A-	
Systemic Factors Item 24: System can identify the status, demographic characteristics, location and goals	X							

	Program Improvement Implementation								
1			2	3	4	5	6	7	
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement	
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal	
Conformity			Improvement				Delicilliark	Goai	
	A	N/A							
of children in									
foster care.									
Item 25: Provides		X	Baseline 80.4%		Monitored				
a process that					through Peer				
ensures that each			4th quarter PRR		Record Review				
child has a written			results = 78.7 %*		question IV-15				
case plan to be developed jointly			Goal 84.4%		Rating for the overall quality of				
with the child's			(Goal established is		the service plan				
parent(s) that			calculated by taking		and service				
includes the			the average of 8		delivery process.				
required			quarters performance		denvery process.				
provisions.			in 2003 and 2004 and						
Francisco			adding 5% of the						
			average to measure						
			improvement.						
				25.1 Improve family		25.1.a See S2.3.1.a			
				assessment and case		25.1.b See S2.3.1.b			
				plan tools to better link		25.1.c See S2.3.1.c			
				service provision to the		25.1.d See S2.3.1.d			
				needs of the family		25.1.e See S2.3.1.e			
				identified in the initial and ongoing		25.1.f See S2.3.1.f	_		
				assessments.		25.1.g See S2.3.1.g			
				Kathryn Sapp		25.1.h See S2.3.1.h			
				25.2 Strengthen		25.2.a See S2.3.2.a			
				worker/supervisor skills		25.2.b See S2.3.2.b	1		
				in engaging families in		25.2.c See S2.3.2.c	1		
				the assessment, case		25.2.d See S2.3.2.d	1		
				planning and case plan		25.2.e See S2.3.2.e	1		
				review process to					
				increase parent,					
				caregiver (alternative					
				care provider) and child					
				involvement in case					

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			ntion					
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	ng to N	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Delicilliark	Goai
	A	N/A						
				assessment, plan		25.2.f See S2.3.2.f		
				development and				
				reassessment.				
				Kathryn Sapp				
				25.3 Improve		25.3.a See S2.3.3.a		
				supervisory capacity to		25.3.b See S2.3.3.b		
				monitor practice		25.3.c See S2.3.3.c	1	
				linking the assessment		25.3.d See S2.3.3.d	1	
				with the overall plan.		25.3.e See S2.3.3.e		
				D ' W 1 1		25.3.f See S2.3.3.f		
				Bonnie Washeck		25.3.g See S2.3.3.g		
						25.3.h See S2.3.3.h		
				25.4 Maximize		25.4.a See P1.6.2.a		
				parental/family		25.4.b See P1.6.2.b		
				involvement in Family		25.4.c See P1.6.2.c		
				Support Team		25.4.d See P1.6.2.d		
				Meetings.		25.4.e See S2.3.2 a		
						25.4.f See S2.3.2 b		
				Bonnie Washeck		25.4.g See S2.3.2 c		
						25.4.h See S2.3.2 d		
						25.4.i See S2.3.2 e		
						25.4.j See S2.3.2 f		
				25.5 Improve staff	Training	25.5.a Began offering 25 supplemental	P-Feb 05	
				facilitation skills for	curriculum	FST trainings to selected staff		
				Family Support Team		throughout state.	A-Feb 05	
				Meetings.		25.5.b Enhanced/Improved FST skill	P-Feb 05	
				T 00 4 1		application for BASIC.	A-Feb 05	
				Jeff Adams		25.5.c Advanced FST skill application	P-May 06	
						integrated into advanced Family-	A-	
						Centered Out-of-Home Service In-		
						Service module.	D.C 06	
						25.5.d Advanced FST skill application	P-Sep 06	
						integrated into Advanced Family-	_	
					1	Centered Service In-Service module.	A-	

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6 Dates of Acenchmark	7 Chievement Goal
enchmark	Goal
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	P-Dec 2006
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May 05	
Nov 05	
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				Program Improv	vement Implementa	tion		
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Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Beneminark	Gour
	A	N/A						
Item 27: Provides		X	Will extract data on					P-Dec 2006
a process that			most recent court					
ensures that each			date from ACTS					A-
child in foster			system.					
care under the								
supervision of the			Baseline established					
State has a			on March 31, 2005					
permanency			Baseline for LS 1-3					
hearing in a qualified court or			children on 1/31/06					
administrative			= 92.3%					
body no later than			- 92.J /0					
12 months from			Goal 88.0% with a 2					
the date the child			% increase					
entered foster care			70 there are					
and no less								
frequently than								
every 12 months								
thereafter.								
				27.1 Improve access to		All benchmarks have been		
				legal representation for		completed.		
				CD.				
				27.2 Implement		27.2.a Current curriculum evaluated by	P-Apr 05	
				training to develop		Division of Legal Services.	A-Dec 04	
				testifying skills for CD		27.2.b Obtained technical assistance	P-Jun 05	
				staff.		from DLS, NRC and OSCA.	A-Jul 05	
				Toff Adams	Curriculum	27.2.c Based on evaluation and	P-Oct 05	
				Jeff Adams	modified	technical assistance curriculum	A O = 4 O 5	
						modified.	A-Oct 05 P-Dec 05	
						27.2.d Modified curriculum approved.	P-Dec 05 A-Dec 05	
					Training	27.2.e Modified curriculum	P-Mar 06	-
					curriculum	incorporated into Basic and OJT for	r-iviai 00	
					Culticuluiii	existing staff.	A-	
				27.3 Increase the		27.3.a See 27.2.a	11	
				timeliness of 12 month		27.3.b See 27.2.b		
	<u> </u>	J		unicinics of 12 monu	ļ	21.3.0 000 21.2.0	<u>L</u>	I .

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		Program Improv	vement Implementat	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A	chievement
Conformity	Improvement	Action steps	Measurement		Benchmark	Goal
A N/A						
		Permanency Hearings		27.3.c See 27.2.c		
				27.3.d See 27.2.d		
		Cindy Wilkinson		27.3.e See 27.2.e		
		Kathryn Sapp	Report on circuits	27.3.f Collaborated with OSCA at the	P-May 05	
			where issues need	state level to ensure joint		
			to be addressed	accountability for timely court hearings	A-Jun 05	
				and identify circuits where CD and court issues needed to be addressed.		
			Workgroup	27.3.g Developed on-going Court	P-June 05	
			participant list	Issues workgroup to monitor timeliness	1 -June 03	
			r	of hearings.	A-Aug 05	
				27.3.h Developed local protocols	P-July 05	
				between the court and CD offices to		
				ensure timely hearings.	A-Aug 05	
			FST policy	27.3.i Revised Family Support Team	P-Jul 05	
			revision	policy to assure 12 month Permanency		
				Hearing date is discussed and	A-Jul 05	
				documented during team meeting.		
				27.3.j Incorporated new FST policy	P-Aug 05	
				into BASIC and OJT training for	R-Apr 06	
		27.4 Provide cross		existing staff. All benchmarks have been	A-	
		training to judiciary,				
		court staff, GALs and		completed.		
		Children's Division				
		staff on ASFA &				
		Permanency hearings				
		consistent with state				
		and federal regulations.				

		Program Improv	vement Implementat	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and			Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributing to Non-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity A N/A	Improvement					
Item 28: Provides X	Baseline 83.4%		Monitored			P-Dec 2006
a process for	Daseille 65.4%		through PRR V-			F-Dec 2000
termination of	4th Quarter PRR		14:			A-
parental rights	results = 88.1% *		TPR has occurred			
proceedings in	Goal achieved		or been filed			
accordance with			when the child			
provisions of	Goal 87.5%		has been in Out-			
ASFA.	(Goal established is		of-Home Care for			
	calculated by taking the average of 8		15 of the most recent 22 months,			
	quarters performance		or compelling			
	in 2003 and 2004 and		reasons are			
	adding 5% of the		documented.			
	average to measure					
	improvement.)					
		28.1 Improve access to		All benchmarks have been		
		legal representation for CD.		completed.		
		28.2 Strengthen		28.2.a See S2.3.2.a		
		worker/supervisor skills		28.2.b See S2.3.2.b	1	
		in engaging families in		28.2.c See S2.3.2.c		
		the assessment, case		28.2.d See S2.3.2.d]	
		planning and case plan		28.2.e See S2.3.2.e]	
		review process to		28.2.f See S2.3.2.f		
		increase parent, caregiver (alternative				
		care provider) and child				
		involvement in case				
		assessment, plan				
		development and				
		reassessment.				
		Kathryn Sapp				
		28.3 Termination of		28.3.a See P1.9.1a		
		Parental Rights will be		28.3.b See P1.9.1.b	1	
		filed in a timely		28.3.c See P1.9.1.c	1	<u> </u>

		Program Impro	vement Implementa	tion		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	d Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	chievement Goal
A N/A	1					
TA IV/S		manner, except when compelling reasons are documented.		28.3.d See P1.9.1.d 28.3.e See P1.9.1.e		
		Cindy Wilkinson 28.4 Improve diligent search for relatives/parents.		All benchmarks have been completed.		
		28.5 Collaborate with OSCA to amend 211.447 RSMo to	Draft proposal	28.5.a Proposal drafted. 28.5.b Written proposal reviewed by	P-Aug 05 A-Aug 05 P-Oct 05	
		ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days	Meeting agenda	OSCA and the Department. 28.5.c Meetings held between OSCA and the Department of Social Services	A-Aug 05 P-Nov 05	
		of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.	Draft legislation	to finalize proposal. 28.5.d Advocated for proposed legislation.	A-Aug 05 P-Jun 06 A-	
Item 29: Provides a process for foster parents, re- adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing		Jim Harrison 29.1 Increase ability of foster parents to be notified of and heard in court.		All benchmarks have been completed.		

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		chievement
Conformity	6		Improvement				Benchmark	Goal
	Α	N/A	·					
held with respect to the child.								
Item 30: Standards to assure quality services and ensure children's safety and health	X							
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X							
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						
				33.1 Develop supervisory training for front line supervisors.		33.1.a Professional Development and Training collaborated with HRC for on-going supervisors training.	P-Feb 04 A-Feb 04	
				Jeff Adams	Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	P-Mar 04 A-Apr 04	
					Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1.f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Nov 04	

				Program Improv	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Chievement Goal
Conformity			Improvement	_			Benchmark	Goai
	A	N/A						
					Curriculum developed	33.1.g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-Jul 05	
						33.1.h Training curriculum reviewed and approved by CD management. 33.1.i Professional Development and Training selected one rural and one	P-Aug 05 A-Aug 05 P-Aug 05	
						metro field test site. 33.1.j Professional Development and Training field tested curriculum in two	A-Aug 05 P-Sep 05	
						test sites	A-Sep 05	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06 A-Jan 06	
					Curriculum revised	33.1.1 Professional Development and Training, revised curriculum based on evaluation	P-Jan 06 A-Jan 06	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-June 06 A-	
				33.2 Develop advanced in-service training module for investigations and assessments		All benchmarks have been completed.		
				33.3 Develop advanced in-service training module for Family- Centered	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced inservice training module.	P-Feb 04 A-Feb 04	
				Services Jeff Adams	Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	

				Program Improv	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or Systemic Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement
Conformity			Improvement				Benennan	0041
	A	N/A						
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced inservice curriculum for Family-Centered Services.	P-Aug 05 A-Aug 05	
						33.3.e CD administration approved advanced Family-Centered Services in-	P-Aug 05	
					Training dates	service training module. 33.3.f Professional Development and Training began training advanced	A-Sep 05 P-Sep 05	
						Family-Centered Services curriculum.	A-Oct 05	
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-	P-Mar 06	
						Centered Services training module and made revisions.	A-	
						33.3.h Professional Development and Training implemented revised Family-	P-Sep 06	
						Centered Services advanced in-service training statewide.	A-	
				33.4 Develop advanced in-service training	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop	P-Jun 04	
				module for Family- Centered Out-of-Home Care Services		Family- Centered Out-of-Home Care Services advanced in-service training module.	A-Jun 04	
				Jeff Adams	focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-	P-Jul 04 A-Jul 04	
						Centered Out-of-Home Care Services training needs.	A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered	P-Jul 04	
						Out-of-Home Care Services focus group feedback.	A-Jul 04	

				Program Improv	vement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	chievement
Item(s) Contributin	g to No	on-	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Conformity			Improvement				Benchinark	Goai
	A	N/A						
					Curriculum	33.4.d Professional Development and	P-Oct 05	
					developed and	Training developed advanced in-		
					reviewed	service curriculum for Family-	A-Oct 05	
						Centered Out-of-Home Care Services		
						and reviewed by OSCA.		
						33.4.e CD administration approved	P-Nov 05	
						advanced Family- Centered Out-of-		
						Home Care Services in-service training	A-Feb 06	
						module.		
					Training dates	33.4.f Professional Development and	P-Dec 05	
						Training began training advanced		
						Family- Centered Out-of-Home Care	A-Feb 06	
						Services curriculum in one metro and		
						one rural site.		
					Curriculum	33.4.g Professional Development and	P-Mar 06	
					revision	Training evaluated advanced Family-		
						Centered Out-of-Home Care Services	A-	
						training module and made revisions.	D 16 06	
						33.4.h Professional Development and	P-May 06	
						Training implemented revised Family-		
						Centered Out-of-Home Care Services	A-	
				33.5 Enhanced On-The-		advanced in-service training statewide. All benchmarks have been		
		-		Job (OJT) Training 33.6 Create training	Core team	completed. 33.6.a Created a core team consisting	P-Jan 06	
				advisory Committee to	members	of social work specialists, supervisors,	r-Jan 00	
				annually assess needs	IIICHIUCI 8	workers and trainer to enhance the	A-Jan 06	
				and evaluate training		provision of On-the-Job Training	A-Jan 00	
				and evaluate training		(OJT).		
				Jeff Adams	Core skills and	33.6.b Identified core skills/	P-Apr 06	
				Jon Adams	competencies	competencies that CD will expect new	1 -Apr 00	
					identified	staff to have after completing BASIC.	A-	
					Identified	33.6.c Supervisors used beginning	P-Apr 06	
						skills/guide list with workers.	A-	
					Activities list	33.6.d Provided activities for staff to	P-Apr 06	
					Tion vitios list	practice during OJT, after BASIC	A-	
	Ь			l	<u> </u>	practice during 031, and DASIC	4.1	ļ

				Program Improv	vement Implementa	ntion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
Comornity	Ι Δ	N/A	Improvement					
	Α	IN/A				33.6.e Supervisors commented on the	P-Jun 06	
						skills/guide list.	A-	
						33.6.f Skills guide/list available for statewide use by supervisors.	P-Aug 06 A-	
					Advisory committee list	33.6.g Expanded core team to include external partners to develop a review process for the enhanced OJT.	P-Sep 06 A-	
						33.6.h Began review process to assess effectiveness.	P-Oct 06 A-	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff.		All benchmarks have been completed.		
				33.8 Provide training based on circuit specific needs.		All benchmarks have been completed.		
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						
				35.1 Increase access and availability to dental services.		All benchmarks have been completed.		
				35.2 Increase the ability of staff and families to	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and	P-Jan 04	
				access Alcohol and Drug Abuse Services.		Safety Training based in focus group information	A-Jan 04	
				Jeff Adams	Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	

				Program Impro	vement Implementat	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement
Conformity			Improvement				Benefillark	Goar
	Α	N/A						
					Field test training	35.2.c Field tested drug training in	P-Jun 04	
						Southwest region	A-Jun 04	
					Training agenda	35.2.d Second field test conducted in	P-Nov 04	
						Jefferson County	A-Nov 04	
					Curriculum	35.2.e Curriculum revised to reflect	P-Apr 05	
					revised	recommendations during field test,		
						including target audiences and how many staff	A-Apr 05	
					Training dates and	35.2.f Completed three additional	P-June 06	
					sites	Family, Drugs and Safety trainings		
						across the state.	A-	
				35.3 Increase		35.3.a See P1.6.5.a		
				availability of		35.3.b See P1.6.5.b		
				specialized foster		35.3.c See P1.6.5.c		
				homes for older youth,		35.3.d See P1.6.5.d		
				siblings, disabled and		35.3.e See P1.6.5.e		
				medically fragile children.				
				cmidren.				
				Cindy Wilkinson				
				35.4 Increase	Circuit self-	35.4.a Through circuit self-assessment,	P-Mar 05	
				availability of and	assessment	determined available parenting classes		
				access to parenting		and family/parent aide services	A-Aug 04	
				classes and	CTS contracts	35.4.b Developed performance based	P-Feb 06	
				family/parent aide		CTS contracts for family/parent aide		
				services.		and parenting class service	A-	
				Bonnie Washeck				
				35.5 Increase services	Circuit self-	35.5.a Through circuit self-assessment,	P-Mar 05	
				to meet the needs of	assessments	determined available interpretive		
				non-English speaking		services for non-English speaking	A-Aug 04	
				consumers.		clients	8 -	
				Kathryn Sapp	Recruitment plans	35.5.b Developed recruitment plan for	P-May 05	
					•	multi/bilingual staff in circuits with		
		<u> </u>				identified need	A-Jul 05	

				Program Impro	vement Implementa	tion		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributin Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Goal
	A	N/A	r					
		1,112			Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-Dec 05	
				35.6 Increase availability of transportation services.	Circuit self- assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
				Bonnie Washeck		35.6.b Recruited regional service organizations to provide transportation services.	P-May 05 A- Jul 05	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-Feb 06	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X		See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.		X				See Item 25.1.6		
				37.1 Increase access to existing services 37.2 Strengthen		See Item 35 1-6 37.2.a See S2.3.2.a		
				worker/supervisor skills		37.2.b See S2.3.2.b		

				Program Improv	ement Implementa	ation		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Chievement Goal
Conformity			Improvement					
	Α	N/A						
				in engaging families in		37.2.c See S2.3.2.c		
				the assessment, case planning and case plan		37.2.d See S2.3.2.d	-	
				review process to		37.2.e See S2.3.2.e 37.2.f See S2.3.2.f	_	
				increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		37.2.I See S2.3.2.I		
				Kathryn Sapp				
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X							
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts	X							

				Program Impro	vement Implementa	ition		
1			2	3	4	5	6	7
Outcome or System Item(s) Contributing			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
Conformity	g to No)11-	Improvement	Action Steps	Wieasurement		Benchmark	Goal
	A	N/A						
necessary criminal background checks.								
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
·				44.1 Increase the number of resource families. Cindy Wilkinson		44.1.a See P1.6.5.a 44.1.b See P1.6.5.b 44.1.c See P1.6.5.c 44.1.d See P1.6.5.d 44.1.e See P1.6.5.e 44.1.f See P 2.12.3.a 44.1.g See P 2.12.3.b 44.1.h See P 2.12.3.c 44.1.i See P 2.12.3.d 44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

S1.2.2 Implementation of	Training agenda	S1.2.2.a All staff trained in CSE process in	P-Jul 04		
"Confirming Safe	m · · ·	test sites of Pettis, Cooper, and Greene.	A-Jul 04		
Environments" (CSE)	Training agenda	S1.2.2.b Trained one Out-of-Home Unit on	P-Jul 04		
process.		CSE in St. Louis City.	A-Jul 04		
~ ~		S1.2.2.c In-house expertise developed for	P-Dec 04		
Susan Savage		training	A-Dec 04		
	Evaluation report	S1.2.2.d Central Office staff summarized	P-Mar 05		
		test site implementation in Pettis, Cooper			
		and Greene for Child Protection	A-Mar 05		
	Review of CSE	S1.2.2.e Strengths in summary and CSE	P-Aug 05		
	curriculum	curriculum identified by Visitation	1 Tiug 03		
	carricarani	Workgroup.	A-Aug 05		
	Recommendations	S1.2.2.f Visitation Workgroup presented	P-Nov 05		
	Recommendations		P-NOV 03		
		recommendations on enhancing visitation	A N. 05		
		and safety policies throughout the	A-Nov 05		
		continuum of services to Executive staff.	D. T. O.		
		S1.2.2.g Executive staff met to approve	P-Jan 06		
		recommendations.	A-Jan 06		
		S1.2.2.h Central Office staff met to begin	P-Feb 06		
		addressing policy assignments.	A-Feb 06		
		S1.2.2.i Developed safety policy regarding	P-Apr 06		
		assessment of safety at and throughout			
		placement	A-Apr 06		
		S1.2.2.j Staff Training and Development	P-Apr 06		
		S1.2.2.j Staff Training and Development met to discuss incorporating Visitation			
		Workgroup recommendations into training			
		for staff and foster parents			
	Policy disseminated	S1.2.2.k Policy memo disseminated to staff.	P-May 06		
	to staff		A-May 06		
		S1.2.2.1 Training began on policy	P-Jul 06		
		enhancements to new and existing staff	A-		
S1.2.3 Strengthen policy	Convened Visitation	S1.2.3.a Visitation Workgroup convened to	P-May 05		
regarding assessment of	workgroup	review current visitation and safety policy.	A-May 05		
safety at and throughout	Workgroup	S1.2.2.f Visitation Workgroup presented	P-Nov 05		
placement.	Recommendations	recommendations on enhancing visitation	1-1107 03		
pracement.	Recommendations	and safety policies throughout the	A-Nov 05		
Cindy Wilkinson			A-NOV US		
Clifdy Wilkinson	Dunft = 1:	continuum of services to Executive staff.	D. A O.C.		
	Draft policy	S1.2.3.c Developed safety policy regarding	P-Apr 06		
		assessment of safety at and throughout			
		placement.	A-Apr 06		
		S1.2.3.d Staff Training and Development	P-Apr 06		
		met to discuss incorporating Visitation			
		Workgroup recommendations into training	A-Apr 06		
		for staff and foster parents.			
	Policy disseminated	S1.2.3.e Policy disseminated.	P- May 06		
			A-		
		S1.2.3.f Training began on policy	P-Jul 06		
		enhancements to new and existing staff	A-		

P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements Kathryn Sapp Cindy Wilkinson		While these benchmarks were previously met, the Visitation and Safety policy enhancements stress the use of FSTs to promote placement stability.	
P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established Kathryn Sapp Cindy Wilkinson		The benchmarks have been completed. All three of the visitation and safety memo addresses FST involvement to review permanency.	
P1.8.1 Address permanency and services needs of children in Legal	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Feb 05
Status 2, 3, and 4 Bonnie Washeck	Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05 A-Apr 05
	Case review results report Summary of meeting decisions	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases. P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Apr 05 A-May 05 P-Apr 05
	Protocol developed	P1.8.1.e Revise AFCARS population if necessary. P1.8.1.f Developed policy and protocol on	A-Aug 05 P-Apr 05 A-Jul 05 P-July 05
	Trotocor developed	worker duties related to legal status 2, 3, and 4 cases.	R-Apr 06 A-May 06
	Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05 A-Oct 05
	PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process.	P-Oct 05 A-Oct 05
P1.8.4 Improve quality of Family Support Teams to assure the review of permanency goal.		See P1.7.2	
Kathryn Sapp Cindy Wilkinson			
P2.12.1 Increase the number of siblings placed together Kathryn Sapp	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04 A-Aug 04
	Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	P-Aug 04 A-Aug 04

	PRR results &	P2.12.1.c Circuit Managers monitored	P-Feb 05
	Improvement plans	quarterly PRR results and improvement	Ongoing
		plans developed.	Quarterly
			A-Ongoing
	Recommendations	P2.12.1.d Visitation Workgroup presented	P-Nov 05
	from workgroup	recommendations on preserving sibling ties.	A-Nov 05
	Draft policy	P2.12.1.e Developed policy requiring a FST	P-Apr 06
		prior to separating siblings.	A-Apr 06
	Policy disseminated	P2.12.1.f Policy disseminated to staff on	P-May 06
	Supervisory sibling	FST	A- P-May 06
	case review	P2.12.1.g Developed supervisory sibling case review process to review cases after	P-May 00
	case review	siblings are separated after 30 days.	A-
P2.13.1 Increase frequency	Recommendations	P2.13.1.a Visitation Workgroup presented	P-Nov 05
and quality of parent/child	from workgroup	recommendations on preserving sibling ties.	A-Nov 05
and sibling visits.	Policy revision	P2.13.1.b Revised policy to improve	P-Apr 06
and storing visits.	rolley levision	qualitative and quantitative visitation plan	A-
Cindy Wilkinson		requirements.	A-
		P2.13.1.c Incorporated policy revision into	P-Jul 06
		BASIC training and supervisory oversight	A-
		provided to existing staff.	
	PRR	P2.13.1.d Incorporated revisions into PRR	R-Jul 06
		tool.	A-
	Quarterly data	P2.13.1.e Circuit Managers monitor data	P-Oct 06
	reports	regarding frequency of parent/child/sibling	
		visits.	A-
	Practice	P2.13.1.f Circuit Managers assisted by the	P-Oct 06
	improvement plans	PET teams developed practice improvement	
	developed	plans using all available data for guidance.	A-
WB1.19.1 Develop policy	Team appointments	WB1.19.1a Appointed visitation policy and	P-Jan 05
addressing the quality of		practice team.	A-Feb 05
visits to incorporate case	Convene meeting	WB1.19.1.b Convened first policy and	P-Feb 05
planning, service delivery		practice team meeting.	A-May 05
and goal attainment.	Workgroup	WB1.19.1c Visitation Workgroup presented	P-Nov 05
D ' W 1 1	recommendations	recommendations on how visitation is critical in timely reunification to executive	
Bonnie Washeck		A-Nov 05	
	D 1.2	staff.	D.I. Oc
	Recommendations	WB1.19.1.d Recommendation reviewed by	P-Jan 06
	reviewed	executive staff.	A-Jan 06
	Policy draft	WB1.19.1.e Policy drafted.	P-Apr 06
	Policy disseminated	WB1.19.1.f Policy disseminated to staff	A-Apr 06
	roncy disseminated	w b1.13.1.1 Folicy disseminated to staff	P- May 06
		WB1.19.1.g Training began on policy	A- P-Jul 06
		enhancements staff and foster parents.	A-
		WB1.19.1.h Utilize Practice Enhancement	P-Jul 06
		Teams (PET) to support protocols.	A-
WB1.20.1 Strengthen	Protocols established	WB1.20.1.a Protocols established in	P-May 06
worker relationships with	1 10tocois established	WB1.19.1. included in adoptive parent	A-
biological or adoptive		training	
parents.	Revise PRR	WB1.20.1.b Revised PRR to reflect	P-Jun 05
L	137150 1 131	collateral contacts required per family risk	1 3411 03
Bonnie Washeck		assessment/reassessment	A-Jun 05
		WB1.20.1.c-h See S2.3.2.a-f. Completed	
		1.20.1.0 Il See 52.5.2.a Il Completed	

Children's Bureau Child and Family Services Reviews IV. Program Improvement Plan Matrix (PIP Matrix)

State: Missou	<u>ri</u>	AC	F Regional Office:		
State contact and telepl	hone: <u>Lee Temmen, 573-526-3735</u>	Region I	Region IV	X Region VII	Region X
ACF Contact and telep	hone: <u>Ann Burds, 816 426-2260</u>	Region II	Region V	Region VIII	
Date and quarter subm	itted: <u>May 26, 2006 – 5th Quarter</u>	— Region III	Region VI	Region IX	
					Blue = under renegotiation
					Gray = completed

A = Achieved N/A = Not Achieved *Performance derived using the average of pervious four quarters performance

		Program In	provement Impleme	entation		
1	2	3	4	5	6	7
Outcome or Systemic Factor and Item(s) Contributing to		Method of Benchmarks Toward Achieving Goal Measurement			f Achievement	
Non-Conformity	Improvement	Action Steps	Wieasurement		Benchmark	Goal
A N	[/A					
Safety Outcome S1:						
	X Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004) The Goal of achieving 80.4% has been met. Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected-Dec 2006 Actual-

				Program Im	Program Improvement Implementation					
1			2	3	4	5	6	7		
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement		
and Item(s) Contri Non-Conformity			Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal		
	Α	N/A								
			Progress to be tracked quarterly over two year period from CD Outcomes Report).							
				S1.1.1 Clarify policy regarding timeliness of		S1.1.1.a Refined definition of "initiating" reports.	P-Mar 05 A-Mar 05			
				initiating reports of child maltreatment.		S1.1.1.b Policy clarified regarding multi disciplinary team contact. S1.1.1.c Policy clarified regarding	P- Mar 05 A-Mar 05 P-Mar 05			
				Kathryn Sapp		face-to-face contact and determining safety of the child.	A-Mar 05			
					Policy issuance	S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-May 05			
				S1.1.2 Increase accuracy of data		S.1.1.2.a Data system entry guidelines clarified for "initial contact".	P-Aug 05 A-Aug 05			
				regarding initial contact. Kathryn Sapp Susan Savage		S.1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-Jan 06			
					PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-Oct 05			
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly			
				S1.1.3 Study feasibility for	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04			
				alternative protocols for managing non CA/N referrals	Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04			
				Virginia Lewis-Brunk	Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04			

				Program Im	provement Impleme	entation				
1			2	3	4	5	6	7		
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement		
and Item(s) Contril Non-Conformity	buting	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal		
	Α	N/A								
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04			
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05			
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test site continuation.	P-Apr 05 A-Apr 05			
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Apr 05 A-Apr 05			
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas	P-Aug 05 A-Apr 05			
				S1.1.4 Develop improvement plan to	Circuit self- assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04			
				respond timely to reports of maltreatment	reports of maltreatment	reports of maltreatment	Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-Mar 05	
							Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
				Kathryn Sapp		S1.1.4.d Monitored the improved timeliness of initial child contact.	P-Jul 05 A-Jul 05			
				S1.1.5 Call Management and Structured Decision	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03			
				Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received. Charlotte Gooch		S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04			
					Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call	P-Aug 04			
					CA/N HU	management system. S1.1.5.d CA/N HU Supervisory	A-Aug 04 P-Sept 05			
					Supervisory Review Tool developed	Review tool developed to assess quality.	A-Sept 05			
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-Jun 05			

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-Oct 05	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A- Jan 06 Quarterly	
				S1.1.6 Revised policy		S1.1.6.a Defined what statutory core	P-Dec 05	
I				relating to non CA/N		functions are.	A-Dec 05	
				referrals (M,P,N) given the division's need to better address	Draft plan	S1.1.6.b Developed proposed plan for information dissemination on practice changes regarding non CA/N calls.	P- Dec 05 A-Dec 05	
İ				its core functions and	Consult with	S1.1.6.c Consulted with National	P-Feb 06	
				statutory mandates, with existing available resources.	NRC-CPS	Resource Center on Child Protective Services regarding non CA/N referrals.	A-Nov 05	
				resources.		S1.1.6.d Shared proposed plan with	P-Apr 06	
				Kathryn Sapp		Regional Directors.	A-Apr 06	
				Traumyn Supp	Modified plan	S1.1.6.e Modified proposed plan, if needed, based on recommendations of	P-May 06	
						the Regional Director	A-	
						S1.1.6.f Shared proposed plan with CJA taskforce.	P-Jun 06 A-	
					CJA recommendations	S1.1.6.g Shared CJA taskforce recommendations with CD	P-Jul 06	
					Policy developed	administration. S1.1.6.h Policy changed for CANHU on the screening process for non CA/N calls, if needed.	P-Aug 06	
					Training agenda	S1.1.6.i If needed, training provided to CANHU staff on modified protocol changes.	A-P-Sep 06A-	
					Notification letter	S1.1.6.j Notified known mandated reporters and other professional organizations on practice changes.	P- Oct 06	
					Disseminate	S1.1.6.k Disseminate policy changes	P-Nov 06	-
					policy	to all staff.	A-	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contrib	outing	; to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefimark	Goai
	A	N/A						
Item 2: Repeat		X	CA/N Recidivism					P-Dec 2006
maltreatment			Nat'l Standard					
D 0			6.1 % or less					
Recurrence of			MO FFY 2003					A-
Maltreatment:			NCANDS Baseline 8.3%					
Of all children			Baseline 8.5%					
who were victims			NCANDS Goal					
of a substantiated			7.4% (Based on					
or indicated			Federal formula for					
maltreatment			goal setting					
report in the first								
six months of the			5th quarter average					
fiscal year, what			performance= 4.8%					
percent were			based on quarterly					
victims of			Outcome Report not					
another			NCANDS.					
substantiated or			NCANDS data not					
indicated report within a 6 month			available quarterly.					
period								
period				S1.2.1 Ensure	PRR revision	S1.2.1.a Incorporated SDM safety and	P-Jan 04	
				consistent and accurate		risk assessment questions into Peer		
				completion of SDM		Record Review Tool.	A-Feb 04	
				safety and risk	Training	S1.2.1.b Modified BASIC training	P-Feb 04	
				assessment.	curriculum	curriculum and ongoing training		
						curriculum based on PRR results.	A-Mar 04	
				Kathryn Sapp	Training agenda	S1.2.1.c Conducted initial in-service	P-Jun 04	
				Cindy Wilkinson		training with CD and court staff.	A-Jun 04	
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record	P & A-On-	
						Review Outcomes.	going &	
					In-service training	S1.2.1.e Convene workgroup to	quarterly P-Feb 05	
					agenda	finalize SDM review tool and	r-reu 03	
					agenua	instruction to field.	A-Dec 04	
						S1.2.1.f Instruct field staff to review	P-Apr 05	
						10% of cases using SDM review tool.	A-Apr 05	

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Ca/N in AC Nat'l Standard 0.57% or less and/or Neglect in Foster Care: MO FFY 2003 NGANDS and/or Neglect in Foster Care: MO FFY 2003 NGANDS Baseline 0.37% Goal Achieved Goal Achi					Program Im	provement Impleme	entation		
and Item(s) Contributing to Non-Conformity A N/A	1				3	4		_	7
Non-Conformity Improvement Sencimark Goal A N/A							Benchmarks Toward Achieving Goal	Dates o	f Achievement
A N/A S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training. S1.2.1.h As needed, provided training to circuits identified with imminent need. P-Jul 05		outing	to		Action Steps	Measurement		Benchmark	Goal
S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training. S1.2.1.h As needed, provided training to circuits identified with imminent need. P-Sep 05 ongoing A-Sep 05	Non-Comornity	٨	NT/A	Improvement					
identify circuits whose needs are more imminent for the training. S1.2.1.A s needed, provided training to circuits identified with imminent need. CA/N in AC Nat'l Standard 0.57% or less and/or Neglect in Foster Care: Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? CA/N in AC Nat'l Standard 0.57% or less A- P-Dec 2006 A- A- P-Dec 2006 A- A- A- P-Dec 2006 S1.2.2 Implementation Training agenda S1.2.2 a All staff trained in CSE P-Jul 04		А	IN/A				\$1.2.1 g Evaluate results of review	P_Iu1 05	
Incidence of Child Abuse and/or Neglect in Foster Care:								1 341 05	
Incidence of Child Abuse and/or Neglect in Foster Care: Of all children who were in foster care during period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? S1.2.2 Implementation S1.2.2.1.h As needed, provided training to circuits identified with imminent need. P-Sep 05 ongoing A-Sep 05 P-Dec 2006 A- P-Dec 2006 A- P-Dec 2006 A- S1.2.2.1.h As needed, provided training to circuits identified with imminent need. P-Sep 05 ongoing A-Sep 05 A- P-Dec 2006 A- S1.2.2.1.h As needed, provided training to circuits identified with imminent need. P-Sep 05 ongoing A-Sep 05 A- P-Dec 2006 A- S1.2.2.1.h As needed, provided training to circuits identified with imminent need. P-Dec 2006 S1.2.2.1.h As needed, provided training to circuits identified with imminent need. P-Jul 04								A-Jul 05	
Incidence of Child Abuse and/or Neglect in Foster Care: Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? S1.2.2 Implementation Incidence of Ch/N in AC Nat'l Standard 0.57% or less A-Sep 05 P-Dec 2006 A-Sep 05 P-Dec 2006 A-Sep 05 P-Dec 2006 A-Sep 05 P-Dec 2006 S1.2.2.a All staff trained in CSE P-Jul 04									
Incidence of Child Abuse and/or Neglect in Foster Care: Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04									
Child Abuse and/or Neglect in Foster Care: Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? Standard 0.57% or less MO FFY 2003 NCANDS Baseline 0.37% Goal Achieved Fool Achieved Standard 0.57% or less A- A- A- A- A- A- A- A- A-							need.	A-Sep 05	
and/or Neglect in Foster Care: Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04									P-Dec 2006
in Foster Care: Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? S1,2,2 Implementation Training agenda S1,2,2,a All staff trained in CSE P-Jul 04									Α
Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? MO FFY 2003 NCANDS Baseline 0.37%				iess					A-
Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04	m roster care.			MO FFY 2003					
foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04 P-Jul	Of all children			NCANDS					
the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04				Baseline 0.37%					
period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04									
fiscal year, what percent experienced maltreatment from foster parents or facility staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04				Goal Achieved					
percent experienced maltreatment from foster parents or facility staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04									
experienced maltreatment from foster parents or facility staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04									
maltreatment from foster parents or facility staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04									
from foster parents or facility staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04									
staff members? S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04	from foster								
S1.2.2 Implementation Training agenda S1.2.2.a All staff trained in CSE P-Jul 04									
	staff members?								
						Training agenda		P-Jul 04	
of "Confirming Safe process in test sites of Pettis, Cooper, and Greene. A-Jul 04					of "Confirming Safe		process in test sites of Pettis, Cooper,	A Int 04	
process. Training agenda S1.2.2.b Trained one Out-of-Home P-Jul 04						Training agenda			-
Unit on CSE in St. Louis City. A-Jul 04					Process.	Training agenda			
Susan Savage S1.2.2.c In-house expertise developed P-Dec 04					Susan Savage				1
for training A-Dec 04							for training		
Evaluation report S1.2.2.d Central Office staff P-Mar 05						Evaluation report		P-Mar 05	
summarized test site implementation									
in Pettis, Cooper and Greene for Child								A Ma : 05	
Review of CSE S1.2.2.e Strengths in summary and P-Aug 05						Pavious of CCE			-
Review of CSE S1.2.2.e Strengths in summary and CSE curriculum identified by								r-Aug US	
Visitation Workgroup. A-Aug 05						Culticulum		A-Aug 05	

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				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	utilig		Improvement	Action Steps	Weastrement		Benchmark	Goal
	A	N/A						
					Workgroup recommendations report	S1.2.2.f. Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05 A-Nov 05	
						S1.2.2.g. Executive staff met to approve recommendations.	P-Jan 06 A-Jan 06	
						S.1.2.2.h. Central Office staff met to begin addressing policy assignments.	P-Feb 06 A-Feb 06	
						S1.2.2.i Developed safety policy regarding assessment of safety at and	P-Apr 06	
						throughout placement.	A-Apr 06	
					Meeting notes	S1.2.2.j Staff Training and Development met to discuss	P-Apr 06	
						incorporating Visitation Workgroup recommendations into training for staff and foster parents	A-Apr 06	
					Policy memo	S1.2.2.k Policy memo disseminated to staff.	P-May 06 A-	
					Training plan	S1.2.2.1 Training began on policy enhancements to new and existing	P-Jul 06	
				G1 2 2 G		staff.	A-	
				S1.2.3 Strengthen policy regarding	Convened Visitation	S1.2.3.a Visitation Workgroup convened to review current visitation	P-May 05	
				assessment of safety at	workgroup	and safety policy.	A-May 05	
				and throughout placement.	Workgroup Recommendations	S1.2.3.b Visitation Workgroup presented recommendations on enhancing visitation and safety	P-Nov 05 A-Nov 05	
				Cindy Wilkinson		policies throughout the continuum of services to Executive staff.		
					Draft policy	S1.2.3.c Developed safety policy regarding assessment of safety at and	P-Apr 06	
						throughout placement.	A-Apr 06	

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	Program Improvement Implementation									
1			2	3	4	5	6	7		
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement		
Non-Conformity	Juting		Improvement	Action Steps	Wiedsurement		Benchmark	Goal		
	Α	N/A								
						S1.2.3.d Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents.	P-Apr 06 A-Apr 06			
				S1.2.4 Practice	Policy disseminated	S1.2.3.e Policy disseminated.	P- May 06 A-			
						S1.2.3.f Training began on policy enhancements to new and existing staff	P-Jul 06 A-			
				Enhancement Teams		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-Feb 05			
				(PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment	Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05			
					improvement strategies to reduce repeat maltreatment	improvement strategies to reduce repeat maltreatment	improvement strategies to reduce repeat maltreatment	Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-Apr 05
				and CA/N in foster care.	List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement	P-May 05			
				Bonnie Washeck	Program improvement plans developed	strategies. S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	A-Jul 05 P-Aug 05 A-Aug 05			
				S1.2.5. Strengthen policy and practice relating to chronic neglect and	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04			
				accumulation of harm. Kathryn Sapp	Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05			
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-Jun 05			

				Program In	nprovement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	outilig	, 10	Improvement	Action Steps	Wicasurement		Benchmark	Goal
	A	N/A						
						S1.2.5.d Three pilot sites selected (Jasper, McDonald and Newton counties) based on negotiations with Federal partners.	P-July 05 A-Jun 05	
					Training agenda	S1.2.5.e Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	
					IAR Screening Tool	S1.2.5.f Used IAR's screening tool to determine if families meet the CN	P-Nov 05	
					Tracking tool	criteria. S1.2.5.g Developed a tool for manual tracking of CN families to be utilized	A-Oct 05 P-Feb 06 R-May 06	
						throughout pilot S1.2.5.h Met with Regional and Circuit administrators to strategize	A- P-Jun 06	
						about next steps and community forum.	A-	
						S1.2.5.i Held community forum to gain support from stakeholder.	P-Jul 06 A-	
						S1.2.5.j Initiated pilot.	P-Aug 06 A-	
					Evaluation report	S1.2.5.k CD staff evaluated short term output of pilot effectiveness.	P-Jan 07 A-	
				S1.2.6 Develop performance-based contract for foster parents	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-May 05	
				Bonnie Washeck		S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-Apr 06	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o Benchmark	f Achievement Goal
Non-Conformity			Improvement	-			Benchmark	Goal
	A	N/A						
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-Mar 06	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06 A-Mar 06	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
Safety Outcome S2:								
Item 3: Services to family to		X	Baseline 89.4%		Peer Record Review (PRR)			P-Dec 2006
protect child(ren)			5th quarter average		IV-13. Services			A-
in home and			PRR performance =		being provided to			
prevent removal			88.5 %		the family are			
			Goal 90.3%		adequate to meet their needs as			
			(Goal established is		identified in the			
			calculated by taking		assessment.			
			the average of 8					
			quarters		(Previous measure			
			performance in 2003		used was IV-15).			
			and 2004 and adding 1% of the					
			average to measure					
			improvement.)					
				S2.3.1 Improve family	Draft of CD-14	S2.3.1.a CD-14 family assessment	P-Sep 04	
				assessment and case		tool field test initiated in Circuit 2.	A-Sep 04	
				plan tools to better link service provision to		S2.3.1.b CD-14 family assessment	P-May 05	
				the needs of the family	Evaluation report	tool field test expanded to other sites. S2.3.1.c Results of field test evaluated	A-Feb 05 P-Jun 05	
				identified in the initial	_	and analyzed by staff and work group.	A-Mar 05	
				and ongoing assessments; include a	Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-Apr 05	
				mechanism for family self-assessment and		S2.3.1.e Recommendations regarding changes made.	P & A On-going	

		Program Im	provement Impleme	entation		
1	2	3	4	5	6	7
Outcome or Systemic Facto			Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contributing to Non-Conformity	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
AN	I/A					
		identified areas specifically related to child safety and risk	Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 R-Jan 06 A-Dec 05	
		concerns (to be completed	Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-Feb 06	
		concurrently with S2.3.2)		S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-Feb 06	
		Kathryn Sapp S2.3.2 Strengthen		S2.3.2.a Conducted focus groups	P-Aug 04	
		worker/supervisor skills in engaging families in the assessment, case		(workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	A-Aug 04	
		planning and case plan review process to	Supplemental Supervisory	S2.3.2.b Focus group results compiled and used for supplemental supervisory	P-Oct 04	
		increase parent,	Training	training.	A-Oct 04	
		caregiver (alternative care provider) and child involvement in case assessment, plan	Training curriculum developed and	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-Feb 05	
		development and	began	60.00.177	D E 1 05	
		reassessment.		S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
		Bonnie Washeck	Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-Oct 05	
			Survey results	S2.3.2.f PET teams annually analyzed	P-Nov 05	
			and circuit	family satisfaction survey data and	annually	
			improvement	PDR results for improvement with the	R-Apr 06	
			plans	expectation that circuits develop methods to improve.	A-Apr 06	
		S2.3.3 Improve supervisory capacity to		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05	
		monitor enhanced			A-May 05	
		practice relating to case planning.	Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-Sep 05	

	Program Improvement Implementation										
1			2	3	4	5	6	7			
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement			
Non-Conformity			Improvement	Action Steps	Weastrement		Benchmark	Goal			
	A	N/A									
				Susan Savage		S2.3.3.c Supervisory case review tool	P-Sept 05				
						field tested by selected supervisors.	A-Sep 05				
					Feedback	S2.3.3.d Feedback from field testing	P-Jan 06				
					summary	reviewed by review team.	A-Dec 05				
					Tool revision	S2.3.3.e Supervisory case review tool	P-Jan 06				
						revised as needed.	A-Jan 06				
					Protocol	S2.3.3.f Protocol for supervisory case	P-Jan 06				
					established and	review established and manual					
					manual revision	revisions made.	A-Jan 06				
						S2.3.3.g System automation	P-Feb 06				
						completed for supervisory case review	R-Jul 06				
					D. II	tool.	A-				
					Policy disseminated and	S2.3.3.h Supervisory case review tool	P-Feb 06				
					implemented	and protocols approved and distributed for statewide use.	R-Jul 06 A-				
				S2.3.4 Establish	implemented	S2.3.4.a Developed service access	P-Aug 05				
				procedures to access		funding grid and guidelines.	A-Aug 05				
				various service	G ' 1 1'		0				
				funding streams.	Guidelines	S2.3.4.b Distributed service access	P-Sept 05				
				Bonnie Washeck	distributed	funding grid and guidelines to all	A E.1.00				
				S2.3.5. Per new		staff. S2.3.5.a Barriers identified for	A-Feb 06 P-Jan 05				
				legislation, develop		children needing mental health	A-Jan 05				
				state comprehensive		services.	A-Jan UJ				
				children's mental		S2.3.5.b Funding mechanisms	P-Jan 05				
				health plan to increase		established for providing mental	1 -3 411 03				
				level of cooperation		health services.	A-Jan 05				
				between court, mental	Coordination plan	S2.3.5.c Plan developed for	P-Jan 05				
				health, child welfare	- oor amation pinn	coordination of resources from					
				and families.		multiple agencies.	A-Jan 05				
						S2.3.5.d Evaluation methodology	P-Jan 05				
				Jim Harrison		established.	A-Jan 05				
					Report	S2.3.5.e Report with	P-Jan 05				
					submission	recommendations submitted to	A-Jan 05				
						legislators and governor.					

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri	buting	g to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement					
T. 4 D. 1 C	A	N/A			DDD 11/12			D.D. 2006
Item 4: Risk of harm to		X			PRR IV-13 was removed as a			P-Dec 2006
child(ren)					measure for this			A-
cima(ren)					item per 4 th			11
					quarter			
					renegotiation.			
				S2.4.1 Ensure	SDM Review	S2.4.1.a See S1.2.1.a		
				completion of SDM safety and risk	Tool	S2.4.1.b See S1.2.1.b]	
						S2.4.1.c See S1.2.1.c	1	
				assessment.		S2.4.1.d See S1.2.1.d	1	
						S2.4.1.e See S1.2.1.e	-	
				Cindy Wilkinson		S2.4.1.f See S1.2.1.f	1	
						S2.4.1.g See S1.2.1.g	1	
						S2.4.1.h See S1.2.1.h	1	
				S2.4.2 Implementation		S2.4.2.a See S1.2.2.a		
				of "Confirming Safe		S2.4.2.b See S1.2.2.b	1	
				Environments"		S2.4.2.c See S1.2.2.c	1	
				process.		S2.4.2.d See S1.2.2.d	1	
				Susan Savage		S2.4.2.e See S1.2.2.e		
				Susan Savage		S2.4.2.f See S1.2.2.f		
						S2.4.2.g See S1.2.2.g		
						S2.4.2.h See S1.2.2.h	_	
						S2.4.2.i See S1.2.2.i	_	
						S2.4.2.j See S1.2.2.j	-	
						S2.4.2.k See S1.2.2.k S.2.4.2.l See S1.2.2.l	-	
				S2.4.3 Implement	Policy	S2.4.3.a Policy for enhanced	P-Aug 04	
				enhanced background	disseminated	background screening implemented	1 -Aug 04	
				screening for	WILL O WILLIAM WAR	statewide.	A-Aug 04	
				foster/kinship and		S2.4.3.b Policy updates and	P-Aug 04	
				court ordered		supervisory consultations with		
				providers.		existing staff.	A-Aug 04	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	uung	10	Improvement	Action Steps	Wicasurement		Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
				S2.4.4 Development of "Culture of Care Initiative" for	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
				improving safety and nurturance of children	Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
				in a residential care setting.		S2.4.4.c Curriculum approved by CD administration. S2.4.4.d Roundtables held with CEO's	P-May 04 A-May 04 P-Jul 04	
				Fred Proebsting		to discuss curriculum.	A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
				S2.4.5 Improve family assessment and case		S2.4.5.a See S2.3.1.a S2.4.5.b See S2.3.1.b		
				plan tools to better link		S2.4.5.c See S2.3.1.c		
				service provision to the needs of the family		S2.4.5.d See S2.3.1.d		
				identified in the initial		S2.4.5.e See S2.3.1.e		
				and ongoing		S2.4.5.f See S2.3.1.f S2.4.5.g See S2.3.1.g		
				assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns. Kathryn Sapp		S2.4.5.h See S2.3.1.h		
Permanency								

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
Outcome 1								
Item 5	X		Passed CFSR Onsite review and 2002 AFCARS					
Item 6: Stability of foster care placement		X	Stability in foster care. Nat'l Standard 86.7% or more 5th quarter performance based on quarterly outcomes report = 75.8%* not AFCARS formula. AFCARS data not available. MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting). Data profile: 2-7-06 - FFY 05 for stability					P-Dec 2006 A-
			= 80.7%	P1.6.1 Increase system capacity to accurately track placement kinship vendor types. Lesley Pettit	Policy disseminated Data converted	P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Nonrelated, Not licensed 3) Kin, Nonrelated, Licensed. P1.6.1.b Coding changes in Legacy completed. P1.6.1.c Policy updated and distributed to CD staff. P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Mar 05 A-Feb 05 P-May 05 A-May 05 P-Aug 05 A-Sep 05 P-Dec 05 A-Feb 06	

			Program Im	provement Impleme	entation		
1		2	3	4	5	6	7
Outcome or Systemic Fac		Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contributing Non-Conformity	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
A	N/A						
				Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Apr 06 A-Mar 06	
			P1.6.2 Improve diligent search for relatives/missing		P1.6.2.a Potential explored for CD staff to access existing diligent search	P-Jul 04	
				P 1	mechanisms.	A-Jul 04	
			Bonnie Washeck	Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored	P-Aug 04	
					through supervisory oversight.	A-Aug 04	
					P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance	P-Mar 05	
					access to state databases as mechanisms for diligent search.	A-Apr 05	
				Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and	P-Apr 05	
					monitored through supervisory oversight.	A-Apr 05	
			P1.6.3 Expand use of family support team meetings to promote	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an	P-Aug 04	
			stability in alternative		impending move.	A-Aug 04	
			care placements		P1.6.3.b Made ACTS system changes to track FSTs held prior to or	P-Aug 04	
			Kathryn Sapp		immediately after a move.	A-Aug 04	
			Cindy Wilkinson		P1.6.3.c Central Office staff provided training to regional staff on HB 1453	P-Aug 04	
					requirements	A-Aug 04	
					P1.6.3.d Regional staff provided localized training to existing staff on	P-Sep 04	
					HB 1453 requirement	A-Sep 04	
					P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04	
						A-Dec 04	
				PRR	P1.6.3.f Updated PRR to assure preplacement FSTs.	P-Feb 05 A-Mar 05	

				Program In	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	buting	, ιο	Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				P1.6.4 Identify resource family types and shortages	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-Apr 05	
				Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	P-May 05 A-Jul 05	
					Contract extension	P1.6.4c Extended current Foster Care/Adoption Resource Services contract	P-Nov 05 A-Nov 05	
					Circuit progress reports	P1.6.4d Circuit reported quarterly progress on recruitment activities	P-Feb 06 quarterly A-Feb 06	
					NRC Technical Assistance plan	P1.6.4e Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
				P1.6.5 Increase number of resource families	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Jun 04 A-Jun 04	
				Cindy Wilkinson	Adopt US Kids	P1.6.5.b Implemented Adopt US Kids	P-Jul 04	
					campaign	campaign.	A-Jul 04	
					Request for Proposal	P1.6.5.c RFP written and released for performance based case management	P-Apr 05	
						contracts (PBC).	A-Apr 05	
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 05 A-Jun 05	
						P1.6.5.e PBC Case Management Services began	P-Sep 05 A-Sep 05	
					Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services	P-Nov 05	
						contract.	A-Nov 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	Tiedon Steps	Tyrousurement		Benchmark	Goal
	A	N/A						
					ACTS data report	P1.6.5.g Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability.	P-Feb 06 quarterly A-Feb 06	
					NRC Technical Assistance plan	P1.6.5.h Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
					Annual report	P1.6.5.i Annual report to General Assembly regarding PBC regarding case management, recruitment and training outcomes.	P-Jul 06 annually A-	
				P1.6.6 Increase placement stability by improving matching capabilities for		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in	P-Mar 06	
				children in out-of-		placement stability.	A-Jan 06	
				home settings. Cindy Wilkinson	Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06	
						P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06	
					Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06	
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06	
				P1.6.7 Evaluate support and training provided for relative/kinship	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-Feb 06	
				resource families	Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-Apr 06	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement				Benchmark	Goal
	Α	N/A						
				Cindy Wilkinson Jeff Adams	Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06	
Item 7:		X	Baseline 85.9%		PRR V-12			P-Dec 2006
Permanency goal for child			5th quarter PRR results = 83.7% Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		The permanency plan was developed and it includes options for concurrent planning.			A-
				P1.7.1 Ensure the frequency and timeliness of Family	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
				Support Team Meetings occurs per policy	Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-Apr 05	
				Kathryn Sapp Cindy Wilkinson	Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs)		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
				to ensure permanency goal is reviewed and established	Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Aug 04	
					Policy	P1.7.2.c Policy disseminated to all	P-Sep 04	
				Kathryn Sapp	disseminated	staff.	A-Aug 04	

				Program In	provement Impleme	entation			
1			2	3	4	5	6	7	
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement	
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal	
	A	N/A							
				Cindy Wilkinson	Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-Oct 04		
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05 A-Jul 05		
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-May 05		
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 R-Jan 06 A-Jan 06		
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 R-Jan 06 A-Jan 06		
				P1.7. 3 Strengthen policy and practice		P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05 A-Mar 05		
				relating to concurrent planning.	Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05 A- Jul 05		
				Cindy Wilkinson	Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06		
				P1.7.4 Increase collaboration with	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04		
				courts by providing cross training to		P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04		
				ASEA X Permanency		P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04		
					ASFA & Permanency hearings consistent	Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04		

Program Improvement Implementation								
			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
Item 8: Reunification,		X	Reunification Nat'l Standard					P-Dec 2006
guardianship, or permanent placement with relatives.			76.2% or more					A-
			MO FFY 2003 AFCARS Baseline 59.8%					
			AFCARS Goal 62.2% (Based on Federal formula for goal setting).					
			5th quarter performance based on quarterly outcomes report = 69.1 % not AFCARS. AFCARS data not available.					
				P1.8.1 Address permanency and	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Feb 05	
				services needs of children in Legal	Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4	P-Feb 05	
				Status 2, 3, and 4		children (include in workgroup OSCA, CD, and metro sites).	A-Apr 05	
				Bonnie Washeck	Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4	P-Apr 05	
					_	cases.	A-May 05	
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related	P-Apr 05	
						to legal status 2, 3, and 4 children.	A-Aug 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri	buting	; to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefimark	Gour
	A	N/A						
						P1.8.1.e Revise AFCARS population	P-Apr 05	
						if necessary.	A-Jul 05	
					Protocol	P1.8.1.f Developed policy and	P-July 05	
					developed	protocol on worker duties related to	R-May 06	
					C	legal status 2, 3, and 4 cases.	A-	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal	P-Sept 05	
						status 2, 3, and 4.	A-Oct 05	
					PRR	P1.8.1.h Incorporated Legal status 2,	P-Oct 05	
					1 KK	3, and 4 cases into established Peer	1-00:03	
						Record Review process.	A-Oct 05	
				P1.8.2 Establish		P1.8.2.a See S2.3.4.a.		
				procedures to access		P1.8.2.b See S2.3.4.b.		
				various service				
				funding streams.				
				Bonnie Washeck				
				P1.8.3 Ensure		P1.8.3.a See P1.7.1.a		
				frequency and		P1.8.3.b See P1.7.1.b	1	
				timeliness of Family Support Team		P1.8.3.c See P1.7.1.c		
				Meetings occurs per				
				policy.				
				poncy.				
				Kathryn Sapp				
				Cindy Wilkinson				
				P1.8.4 Improve quality		P1.8.4.a See P1.7.2.a		
				of Family Support		P1.8.4.b See P1.7.2.b]	
				Teams to assure the		P1.8.4.c See P1.7.2.c]	
				review of permanency		P1.8.4.d See P1.7.2.d]	
				goal.		P1.8.4.e See P1.7.2.e		
				IZ 41		P1.8.4.f See P1.7.2.f		
				Kathryn Sapp Cindy Wilkinson		P1.8.4.g See P1.7.2.g		
				,		P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase		P1.8.5.a See P1.7.4.a]	
				collaboration with		P1.8.5.b See P1.7.4.b]	
				courts by providing		P1.8.5.c See P1.7.4.c		

	Program Improvement Implementation										
1			2	3	4	5	6	7			
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement			
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal			
	Α	N/A									
				cross training to new		P1.8.5.d See P1.7.4.d					
				judiciary, court staff,		P1.8.5.e See P1.7.4.e					
				Children's Division staff and GAL's on		P1.8.5.f See P1.7.4.f					
				ASFA & Permanency							
				hearings consistent							
				with state and federal							
				regulations							
				C' 1 W''11'							
				Cindy Wilkinson P1.8.6 Increase	Contract	P1.8.6.a Contract developed to	P-Apr 04				
				collaboration with	developed	provide training.	A-Apr 04				
				courts by providing	Meeting minutes	P1.8.6.b Meeting held to discuss roles	P-Dec 04				
				cross training to		and responsibilities of CD and					
				judiciary, court staff,		Juvenile Officers.	A-Oct 04				
				GAL's and Children's Division staff	Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD	P-May 05				
				regarding roles and		staff					
				responsibilities.			A-May 05				
				Cindy Wilkinson	3.6 (3.6)	D107 M .: 1 11/ :/ OCCA	D.M. 07				
				P1.8.7 Collaborate with OSCA to explore	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data	P-Mar 05				
				barriers that would		and practices to identify problem areas	A-Oct 04				
				allow Juvenile Courts		and barrier to expeditious					
				to enter temporary		guardianship, including legislative and					
				custody orders and	D	policy change.	D.M. 07				
				transfer jurisdiction to Probate & Circuit	Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	P-Mar 05 A-Oct 04				
				Courts to expedite		P1.8.7.c Written proposal reviewed by	P-Mar 05				
				guardianship.		OSCA, CD and DLS.	A-Sept 04				
				Jim Harrison		P1.8.7.d Proposal finalized and	P-Mar 05				
						presented to Department for	A T 05				
				P1.8.8 Determined		legislative change. P1.8.8a Each circuit determined	A-Jan 05 P-Oct 05				
				policy remedy to be		strategies with their court to expedite	r-00103				
				used in addition or in		guardianship for children placed with					

				Program Im	provement Impleme	entation		
	1		2	3	4	5	6	7
Outcome or Sys			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformit	у		Improvement				Benchmark	Goal
	A	N/A						
				lieu of any legislative change referred in		relatives in CD custody.	A-Oct 05	
				P1.8.7.		P1.8.8.b See P1.6.1a		
						P1.8.8.c SeeP1.6.1b		
				Jim Harrison		P1.8.8.d See P1.6.1c		
				Lesley Pettit		P1.8.8.e See P1.6.1d		
						P1.8.8.f See P1.6.1e		
Item 9: Adoption	X		Adoption Nat'l Standard					P- Dec 2006
raoption			32% or more					A-
			MO FFY 2003					
			AFCARS					
			Baseline 38.5%					
	Buseline 30.5 %							
			Goal achieved					
				P1.9.1 Termination of	Data report	P1.9.1.a.Examine TPR data from	P-Feb 05	
				Parental Rights will be		current information system.	A-Feb 05	
				filed in a timely manner, except when	Circuit reports on	P1.9.1.b Initiated local circuit	P-Jun 05	
				compelling reasons are	outcomes of	meetings with Judicial Courts to	A 1 105	
				documented.	meetings with courts.	address local procedures for filing of TPR petitions.	A-Jul 05	
					Policy developed	P1.9.1.c Developed policy for	P-Jun 05	
				Cindy Wilkinson		supervisor and staff responsibilities in		
				Kathryn Sapp		documenting compelling reasons for not filing TPR.	A-Jul 05	
					Policy	P1.9.1.d Policy disseminated to staff	P-Aug 05	
					disseminated	and supervisory oversight	R-Mar 06	
							A-May 06	
						P1.9.1.e Incorporated into BASIC	P-Jun 05	
						training.	R-Mar 06	
					DDD ': '	D10100 (1	A-Mar 06	-
					PRR monitoring	P1.9.1.f Quarterly monitoring by	P&A	
						PRR.	ongoing quarterly	
I						P1.9.1.g Incorporated into Advanced	P-May 06	
						FCOOHC In-service module training.	A-	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System	nic Fa	ctors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib	buting	g to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefimark	Cour
	A	N/A						
				P1.9.2 Increase	Performance	P1.9.2.a See P1.6.5.a		
				number of resource	based contracts	P1.9.2.b See P1.6.5.b		
				families.	and outcome	P1.9.2.c See P1.6.5.c		
				Cindy Wilkinson	reports	P1.9.2.d See P1.6.5.d		
				Cilidy Wilkinson		P1.9.2.e See P1.6.5.e		
						P1.9.2.f See P1.6.5.f		
						P1.9.2.g See P1.6.5.g		
						P1.9.2.h See P1.6.5.h P1.9.2.i See P1.6.5.i	-	
				P1.9.3 Increase	Request for	P1.9.3.a RFP written for performance	P-Sep 04	
				capacity to conduct	Proposal	based case management contracts	A-Sep 04	
				home studies and	Workload staffing	P1.9.3.b Conducted a workload	P-Mar 05	
				finalize adoptions.	analysis	staffing analysis to determine staffing	P-Iviai 03	
					anarysis	need for completing home studies and	A-Mar 05	
				Cindy Wilkinson		finalized adoptions.	71 1/101 03	
					Award letters	P1.9.3.c Awarded performance based	P-Mar 05	
						case management contracts	A-Jun 05	
					Staffing report	P1.9.3.d Committed additional staff	P-Jul 05	
						(private or public) as needed per		
						available resources.	A-Aug 05	
				P1.9.4 Improve access		P1.9.4.a DLS identified plan to fill	P-Jul 04	
				to legal representation		vacant FTE's or contract for attorneys.	A-Jul 04	
				for CD staff		P1.9.4.b Additional attorneys hired	P-Sep 04	
				Lim Homiser	T . 11' 1	and placed.	A-Sep 04	
				Jim Harrison	Establish	P1.9.4.c CD/DLS established a work	P-Mar 05	
					workgroup	group to develop a protocol for CD staff to access DLS attorneys or	A-Apr 05	
						-	A-Api 03	
					Develop draft	contractors. P1.9.4.d Draft Protocol developed.	P-Apr 05	
					protocol	11.7.7.a Dianti I totocoi de veloped.	A-Apr 05	
					p	P1.9.4.e CD legal representation at	P-July 05	
						court hearings monitored by CD/DLS	Ongoing	
						joint committee for improvement.	A-Jul 05	
					Draft joint memo	P1.9.4.f Draft joint memo with DLS to	P- Jul 05	
						assist CD staff in developing a clearer		
						understanding on how to access legal	A-Jul 05	
						services.		

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Antion Stone	Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	Dunng	; ιο	Improvement	Action Steps	Measurement		Benchmark	Goal
·	A	N/A	•					
					Memo	P1.9.4.g Memo and Protocol	P-Oct 05	
					disseminated	disseminated to staff and adopted.	A-Sep 05	
Item 10: Other		X	Baseline 63.6%		PRR V-22			P-Dec 2006
planned living					Youth 16 or older			
arrangement			5th quarter results		have an ILP plan			A-
			for PRR V-22 =		documented in the			
			51.1%		case record (CS-1			
			Cool - 66 40/		Att.)			
			Goal = 66.4%		PRR V-21			
			The goal has been		Youth 16 or over,			
			achieved for PRR		are participating			
			V-21.		in or have			
			,		completed ILP			
					classes			
				P1.10.1 Increase		P1.10.1.a See P1.6.5.a		
				number and quality of		P1.10.1.b See P1.6.5.b		
				resource families for		P1.10.1.c See P1.6.5.c		
				older youth		P1.10.1.d See P1.6.5.d		
				G: 1 W.		P1.10.1.e See P1.6.5.e		
				Cindy Wilkinson	Discuss	P1.10.1.f Met with IL Specialists to	P-Mar 05	
					recruitment	discuss strategies on recruitment		
					activities	activities for locating homes for older		
					D	youth.	A-Mar 05	-
					Recruitment	P1.10.1.g Met with IL Specialists to report on community recruitment	P-Jun 05	
					activities report	activities.	A-Jun 05	
						P1.10.1.h Incorporated Ready, Set,	P-Sep 05	-
						Fly curriculum and Chafee video into	1 Sep 03	
						foster parent training.	A-Sep 04	
		1		P1.10.2 Increase	Distribute ETV	P.1.10.2.a Increased awareness of	P-Jan 04	
				awareness of Chafee	material	Education and Training Voucher		
				program services to		Program through distributing		
				staff and community		information material to secondary and	A-Jan 04	
				members		higher education programs		
				C1 1 177711	Youth conference	P1.10.2.b State Youth Advisory Board	P-July 04	
				Cindy Wilkinson		(SYAB) designed and hosted annual	annually	

	Program Improvement Implementation										
1			2	3	4	5	6	7			
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement			
Non-Conformity			Improvement	riedon steps	Wiedsurement		Benchmark	Goal			
	A	N/A									
						youth empowerment conference	A-July 04 Annually				
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents,	P- Mar 04 Ongoing				
						juvenile court, and youth serving agencies.	A-Mar 04 Ongoing				
					Write and disseminated memo	P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age	P-May 05 A-Sep 05				
					Distributed ETV poster	appropriate youth for Chafee services. P1.10.2.e Designed and distributed ETV poster to schools and youth	P-May 05				
				D1 10 2 I	I1	serving agencies	A-Aug 05				
				P1.10.3 Increase program accessibility	Implement Pre- ILP Training	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training	P-June 04				
				to provide life skills	curriculum	curriculum for youth 14-15.	A- June 04	-			
				training services for	Youth conference	P1.10.3.b State Youth Advisory Board	P-July 04				
				older youth		(SYAB) designed and hosted annual youth empowerment conference	annually A-July 04				
				Cindy Wilkinson		youth empowerment conference	Annually				
				Cina y Williamson	Consult with	P1.10.3.c Consulted with SYAB	P-Dec 04	1			
					SYAB	members on needs of older youth.	Ongoing				
							A- Dec 04 Ongoing				
					Convene	P1.10.3.d Convened workgroup to	P-Feb 05	-			
					workgroup and address recommendations	address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	A-Feb 05				
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker	P-Feb 05 A-Feb 05				
					CD memo	positions P1.10.3.f CD memo written and	P-May 05				

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri Non-Conformity	ibuting	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
						disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services	A-Sep 05	
Permanency Outcome P2:								
Item 11: Proximity of foster care placement	X							
Item 12: Placement with siblings		X	Baseline 85.6 5th quarter PRR results = 84.1% Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-
				P2.12.1 Increase the number of siblings placed together	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04 A-Aug 04	
				Kathryn Sapp	Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	P-Aug 04 A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Feb 05 Ongoing Quarterly A-Ongoing	

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Deficilitark	Goai
	Α	N/A						
					Recommendations	P2.12.1.d Visitation Workgroup	P-Nov 05	
					from workgroup	presented recommendations on	A-Nov 05	
						preserving sibling ties.		
					Draft policy	P2.12.1.e Developed policy requiring	P-Apr 06	
						a FST prior to separating siblings.	A-Apr 06	
					Policy	P2.12.1.f Policy disseminated to staff	P-May 06	
					disseminated	on FST	A-	
					Supervisory	P2.12.1.g Developed supervisory	P-May 06	
					sibling case	sibling case review process to review		
					review	cases after siblings are separated after	A-	
						30 days.		
				P2.12.2 Develop an		P2.12.2.a Emphasis on the importance	P-Nov 05	
				ongoing training		of sibling bonds, long term effects of		
				module regarding		separation, and importance of		
				sibling placements for		visitation, parentified child and sibling	A-Dec 05	
				staff, foster parents,		rivalries incorporated into foster		
				and juvenile court		parent training.		
				staff.		P2.12.2.b See P1.7.4.a	_	
				T CC A 1		P2.12.2.c See P1.7.4.b	_	
				Jeff Adams		P2.12.2.d See P1.7.4.c	_	
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
						P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.h Emphasis on the importance	P-May 06	
						of sibling bonds, long term effects of		
						separation, and importance of		
						visitation, parentified child and sibling	A-	
						rivalries incorporated into BASIC and		
						advanced FCOOHC In-Service		
						training module.		
				P2.12.3 Increase		P2.12.3.a See P1.6.5.a		
				capacity for resource		P2.12.3.b See P1.6.5.b	1	
				families that accept		P2.12.3.c See P1.6.5.c	1	
				sibling groups.		P2.12.3.d See P1.6.5.d	1	
				C' 1 W'II'		P2.12.3.e See P1.6.5.e	1	
				Cindy Wilkinson		P2.12.3.f See P1.6.5.f	1	
						P2.12.3.g See P1.6.5.g]	

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement				Benchmark	Goal
	A	N/A						
						P2.12.3.h See P1.6.5.h		
						P2.12.3.i See P1.6.5.i		
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 % 5th quarter PRR results = 85.0% Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement). Baseline 85.6% 5th quarter PRR results = 84.1% Goal 89.9% (Goal established is calculated by taking		Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification. Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.			P-Dec 2006 A-
			the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure Improvement).	DO 12.1 I	D. Lei		D.V. Of	
				P2.13.1 Increase frequency and quality of parent/child and	Recommendations from workgroup	P2.13.1.a Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05 A-Nov 05	

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contri	buting	; to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement					
	A	N/A						
				sibling visits.	Policy revision	P2.13.1.b Revised policy to improve	P-Apr 06	
						qualitative and quantitative visitation	A-Apr 06	
				Cindy Wilkinson		plan requirements.		
						P2.13.1.c Incorporated policy revision	P-Jul 06	
						into BASIC training and supervisory	A-	
						oversight provided to existing staff.		
					PRR	P2.13.1.d Incorporated revisions into	R-Jul 06	
						PRR tool.	A-	
					Quarterly data	P2.13.1.e Circuit Managers monitor	P-Oct 06	
					reports	data regarding frequency of		
						parent/child/sibling visits.	A-	
					Practice	P2.13.1.f Circuit Managers assisted by	P-Oct 06	
					improvement	the PET teams developed practice		
					plans developed	improvement plans using all available	A-	
						data for guidance.		
Item 14:		X	Baseline 25.9%		Relative			P-Dec 2006
Preserving					Placement			
connections			5th quarter		CD-Outcomes			A-
			performance =		#17. Increase the			
			27.4%		number of			
					children placed			
			Goal 27.2%		with relative			
					providers (LS 1-4)			
					Previous data only			
			Baseline 83%		captured LS 1			
					children.			

		Program Im	provement Impleme	ntation		
1	2	3	4	5	6	7
Outcome or Systemic Factors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contributing to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity	Improvement				20110111111111	0041
A N/A						
	5th quarter results for PRR = 83.4 % Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure		PRR V-1 Consideration was given to relatives or kin for placement.			
	improvement.	P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care. Kathryn Sapp	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation. P2.14.1.b Submitted evaluation recommendations to administration. P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined	P-May 05 A-Jan 06 P-July 05 A-Jan 06 P-Aug 05 A-Jan 06	
		Taum yn Supp	State plan	statewide applicability. P2.14.1.d Develop state plan to	P-Oct 05	
			developed	address preserving connections.	A-Apr 06	
		P2.14.2 Improve diligent search for relatives/missing parents Bonnie Washeck		P2.14.2.a See P1.6.2.a P2.14.2.b See P1.6.2.b P2.14.2.c See P1.6.2.c P2.14.2.d See P1.6.2.d		
		P2.14.3 Revise ICWA policy	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
		Cindy Wilkinson Kathryn Sapp	CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05 A-Apr 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contributing to		to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity	Non-Conformity		Improvement				Deficilitiatk	Goai
	A	N/A						
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD	P-Aug 05	
					dissemilated	staff.	A-Dec 05	
					PRR	P2.14.3.d Add ICWA question to Peer	P-Sept 05	
						Record Review tool.	A-Mar 05	
					PRR quarterly	P2.14.3.e Establish a baseline for	P-Sept 05	
					data reports	ICWA for Peer Record.	A-Jun 05	
Item 15:		X	Baseline 25.9%		Relative		P-Dec 2006	
Relative					Placement			
placement			5th quarter		monitored		A-	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril	buting	g to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefimark	Goar
	A	N/A						
			Outcome		through the			
			Reports results =		number of			
			27.4%*		children placed with relative			
			Goal achieved		provider in legal			
			Guai acineveu		status 1-4			
			Goal 27.2%		Status 1 4			
			(Goal established is		Monitored			
			calculated by taking		through Peer			
			the average of 8		Record Review			
			quarters		question V-1:			
			performance in 2003		Consideration was			
			and 2004 and		given to relatives			
			adding 5% of the average to measure		or kin for placement			
			improvement).		pracement			
			improvement).					
			Baseline 83.0%					
			5th quarter PRR results = 83.4%					
			Goal 87.2%					
			(Goal established is					
			calculated by taking					
			the average of 8					
			quarters performance adding					
			5% of the average to					
			measure					
			improvement).					
				P2.15.1 Increase		P2.15.1.a See P1.6.1.a		
				system capacity to		P2.15.1.b See P1.6.1.b		
				accurately track		P2.15.1.c See P1.6.1.c		
				placement kinship		P2.15.1.d See P1.6.1.d		
				vendor types.		P2.15.1.e See P1.6.1.e		
				Lesley Pettit				

Program Improvement Im						entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril	buting	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				20110111111111	3041
	A	N/A		70.4807				
				P2.15.2 Improve		P2.15.2.a See P1.6.2 a		
				diligent search for		P2.15.2.b See P1.6.2.b		
				relatives/missing parents.		P2.15.2.c See P1.6.2.c	-	
				parents.		P2.15.2.d See P1.6.2.d		
				Cindy Wilkinson				
				P2.15.3 Evaluate		P2.15.3.a See P1.6.7.a		
				support and training		P2.15.3.b See P1.6.7.b		
				provided for		P2.15.3.c See P1.6.7.c		
				relative/kinship				
				resource families				
				Cin day Willainson				
				Cindy Wilkinson Jeff Adams				
Item 16:		X	Baseline 91.0%	Jen Adams	Parent Visits			P-Dec 2006
Relationship of		21	Buseline 71.070		monitored			1 Dec 2000
child in care with			5th quarter PRR		through Peer			A-
parents			results = 89.8%		Record Review			
					question V-3:			
			Goal 91.9%		The child is			
			(Goal established is		placed in close			
			calculated by taking		proximity to			
			the average of 8		his/her family.			
			quarters					
			performance in 2003 and 2004 and					
			adding 1% of the					
			average to measure					
			improvement).					
			,	P2.16.1 Improve		P2.16.1.a See P1.6.2.a		
				diligent search for		P2.16.1.b See P1.6.2.b]	
				non-custodial parent.		P2.16.1.c See P1.6.2.c]	
				Donnia Washaals		P2.16.1.d See P1.6.2.d		
				Bonnie Washeck P2.16.2 Improve	PRR Outcomes	P16.16.2.a See S2.3.2.a		
				engagement of non-	Tax outcomes	P16.16.2.b See S2.3.2.b	1	
				custodial parents in		P16.16.2.c See S2.3.2.c	1	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Benchmark	f Achievement Goal
Non-Conformity			Improvement				Delicilliark	Goal
	A	N/A						
				case planning by		P16.16.2.d See S2.3.2.d		
				strengthening		P16.16.2.e See S2.3.2.e		
				worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		P16.16.2.f See S2.3.2.f		
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs				Kathryn Sapp				
Item 17: Needs and services of child, parents, foster parents		X	Baseline 89.4% 5th quarter PRR results = 88.5% Goal 90.3%		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment. Previously PRR III-3 and III-10 were used.			P-Dec 2006 A-
				WB1.17.1 Improve family assessment and		WB1.17.1.a See S2.3.1.a WB1.17.1.b See S2.3.1.b		

1 2 3 4 5 6 Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity A N/A	vement
and Item(s) Contributing to Non-Conformity Measure/Percent of Improvement A N/A Case plan tools to better link service provision to the needs WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e	evement
Non-Conformity Improvement Goal A N/A Case plan tools to better link service provision to the needs WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e	
Non-Conformity Improvement A N/A case plan tools to better link service provision to the needs WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e	
case plan tools to better link service provision to the needs WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e	
better link service provision to the needs WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e	
provision to the needs WB1.17.1.e See S2.3.1.e	
VB1.17.1.0 Sec 32.5.1.0	
of the his family	
of the bio family WB1.17.1.f See S2.3.1.f	
identified in the initial WB1.17.1.g See S2.3.1.g	
and ongoing WB1.17.1.h See S2.3.1.h	
assessments.	
Kathryn Sapp	
Per 4 th quarter	
renegotiation, PRR IV-15 has	
been removed.	
WB1.17.2 Strengthen WB1.17.2.a See S2.3.2.a	
wB1.17.2 Suenguien workers skills in WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b	
1 1 1 1	
WB1.17.2.6 566 52.5.2.6	
review processes to increase parent, WB1.17.2.f See S2.3.2.f	
caregiver (alternative	
care provider) and	
child involvement in	
case assessment, plan	
development and	
reassessment.	
Kathryn Sapp	
WB1.17.3 WB1.17.3.a See S1.2.2.a	
Implementation of WB1.17.3.b See S1.2.2.b	
"Confirming Safe WB1.17.3.c See S1.2.2.c	
Environments" to WB1.17.3.d See S1.2.2.d	
reduce the risk for WB1.17.3.e See S1.2.2.e	
children in WB1.17.3.f See S1.2.2.f	
foster/kinship care to WB1.17.3.9 See S1.2.2.9	
identify needs of child WB1,17.3.h See S1,2.2.h	
and providers. WB1.17.3.i See S1.2.2.i	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	Č		Improvement	1			Benchmark	Goal
	A	N/A						
						WB1.17.3.j See S1.2.2.j		
				Cindy Wilkinson		WB1.17.3.k See S1.2.2.k		
						WB1.17.3.1 See S1.2.2.1		
Item 18: Child		X	Baseline 74.1%		Monitored			P-Dec 2006
and family					through Peer			
involvement in			5th quarter PRR		Record Review			A-
case planning.			results = 73.7 %		question IV-8:			
			Goal 77.8%		The family			
			(Goal established is		participated in the development of			
			calculated by taking		and signed the			
			the average of 8		service plan.			
			quarters		service plan.			
			performance in 2003					
			and 2004 and					
			adding 5% of the					
			average to measure					
			improvement).					
				WB1.18.1 Maximize		WB1.18.1.a See S2.3.2 a		
				parental/family		WB1.18.1.b See S2.3.2 b		
				participation in Family		WB1.18.1.c See S2.3.2 c		
				Support Team		WB1.18.1.d See S2.3.2 d		
				Meetings.		WB1.18.1.e See S2.3.2 e		
				Bonnie Washeck		WB1.18.1.f See S2.3.2 f		_
				Domine washeck	Protocol	WB1.18.1.g Established a protocol for	P-Aug 05	
					established	accessing division staff outside of	A A = 05	
				WB1.18.2 Improve the		regular working hours. WB1.18.2.a See P1.7.2a	A-Aug 05	
				quality of Family		WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b	-	
				Support Team		WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c	1	
				Meetings.		WB1.18.2.c See P1.7.2c WB1.18.2.d See P1.7.2d	1	
				1.130411180.		WB1.18.2.d See P1.7.2d WB1.18.2.e See P1.7.2e	1	
				Kathryn Sapp		WB1.18.2.f See P1.7.2f	1	
				Cindy Wilkinson		WB1.18.2.1 See F1.7.21 WB1.18.2.g See P1.7.2g	1	
				•		WB1.18.2.h See P1.7.2h	1	
				WB1.18.3 Review and		WB1.18.3.a Collected parent	P-Aug 05	
				further develop a		handbooks used by various circuits.	A-Aug 05	

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or Syster			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				handbook, to be distributed at the point	Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-Sep 05	
				of removal, to educate parents on their rights	Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-Jan 06	
				and responsibilities, court procedures, etc.	Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 R-Jun 06 A-	
				Cindy Wilkinson	Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-Jul 06 A-	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-	
Item 19: Worker visits with child – improve quantity and quality		X	The goal has been achieved for PRR V-16.		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
			•	WB1.19.1 Develop policy addressing the	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-Feb 05	
				quality of visits to incorporate case	Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
				planning, service delivery and goal attainment.	Workgroup recommendations	WB1.19.1c Visitation Workgroup presented recommendations on how visitation is critical in timely reunification to executive staff.	P-Nov 05 A-Nov 05	
				Bonnie Washeck	Recommendations reviewed Policy draft	WB1.19.1.d Recommendation reviewed by executive staff. WB1.19.1.e Policy drafted.	P-Jan 06 A-Jan 06 P-Apr 06	
					Policy	WB1.19.1.f Policy disseminated to	A-Apr 06 P- May 06	
					disseminated	staff WB1.19.1.g Training began on policy enhancements staff and foster parents.	A- P-Jul 06 A-	

Program Improvement Implementation								
1	2	3	4	5	6	7		
Outcome or Systemic Factors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	Achievement		
and Item(s) Contributing to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal		
Non-Conformity	Improvement							
A N/A								
				WB1.19.1.h Utilize Practice	P-Jul 06			
				Enhancement Teams (PET) to support protocols.	A-			
		WB1.19.2 Increase	Quarterly	WB1.19.2.a Achieved progress in	P-Aug 05			
		policy compliance for	workload report	caseload equalization by developing	quarterly			
		frequency of worker		quarterly circuit workload reports.	ongoing			
		visits for intact and			A-Aug 05			
		out-of-home cases.	PRR	WB1.19.2.b Circuit Managers	P-Aug 05			
				monitored the frequency of worker				
		Cindy Wilkinson		visits through the PRR.	A-Aug 05			
		Kathryn Sapp	Practice	WB1.19.2.c Circuit Managers assisted	P-Sep 05			
			Improvement	by PET to develop practice				
			plans	improvement plans.	A-Sep 05			
		WB1.19.3 Tracking		WB1.19.3.a Reviewed the FCS	P-Feb 06			
		system to track worker		section of the Family Satisfaction				
		visits (date/site).		survey on monthly worker visits with	A-Feb 06			
				the family.				
		Jim Harrison		WB1.19.3.b Reviewed the youth	P-Feb 06			
				portion of the Family Satisfaction				
				survey on bi-monthly worker visits	A-Feb 06			
				with the out-of-home care child.				
				WB1.19.3.c PET teams annually	P-Apr 06			
				analyzed family satisfaction survey				
				data	A-Apr 06			
				WB1.19.3.d Worked with ITSD staff	P-May 06			
				to include worker visit information				
				(with child, parents, foster parents)	A-			
				and sibling visits in the Outcome				
				Reports when converted to SACWIS.				

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contrib	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefimark	Gour
	A	N/A						
Item 20: Worker		X	Baseline 85.3%		Intact and Foster			P-Dec 2006
Visit with			al.		Care Cases			
parent(s).			5 th quarter PRR		monitored			A-
			results = 85.1%		through Peer			
			G 100 50/		Record Review			
			Goal 89.5%		question IV-14:			
			(Goal established is		The worker visits			
			calculated by taking the average of 8		family (caretakers) at			
			quarters		least one time per			
			performance in 2003		month.			
			and 2004 and		month.			
			adding 5% of the					
			average to measure					
			improvement).					
			•	WB1.20.1 Strengthen	Protocols	WB1.20.1.a Protocols established in	P-May 05	
				worker relationships	established	WB1.19.1g included in all resource	R-Jul 06	
				with biological or		parent training	A-	
				adoptive parents.	Revise PRR	WB1.20.1.b Revised PRR to reflect	P-Jun 05	
						collateral contacts required per family		
				Bonnie Washeck		risk assessment/reassessment	A-Jun 05	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b		
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
						WB1.20.1.h See S2.3.2.f		

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3 a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment. b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases. c. WB1.19.3 Tracking system to track worker		WB1.20.2.a See WB1.19.1.a-f WB1.20.2.b See WB1.19.2 a-c		
				visits (date/site).		WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet their educational needs								
Item 21: Children receive appropriate services to meet their educational needs		Х	Baseline 95.6% 5th quarter PRR results = 94.5% Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006 A-

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri	buting	g to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefimark	Goar
	A	N/A						
			in 2003 and 2004					
			and adding 1% of					
			the average to					
			measure					
			improvement.)	WD2 21 1 Income	Protocol	WB.2.21.1.a Protocol developed	P-Mar 05	
				WB2.21.1 Improve working relationship	developed	regarding inclusion of educational	P-Iviai US	
				among Children's	developed	personnel in FST's.	A-Apr 05	
				Division, Department	Education liaisons	WB2.21.1.b Designated an education	P-May 05	
				of Elementary and	Lauvanon maisons	liaison at the state level.	A-May 05	
				Secondary Education	Circuit Self	WB2.21.1.c Local level barriers	P-May 05	
				(DESE) and local	Assessment	identified regarding working with		
				school districts.		schools and educational disruptions of	A-Jul 05	
						children in foster care.		
				Kathryn Sapp	Written local	WB2.21.1.d Developed a plan to	P-May 05	
					plans	alleviate barriers and address		
						educational disruptions of children in	A-Jul 05	
						foster care as applicable.		
					Written State plan	WB2.21.1.e Children's Division	P-Aug 05	
						Administration partnered with DESE	A A 05	
						to address identified barriers at State level.	A-Aug 05	
				WB2.21.2 Improve the	Protocols	WB2.21.2.a Local protocols	P-Jun 05	
				flow of educational	developed	developed for alternative care children	1 -3 011 03	
				records and reports	acrotopea	regarding permission of custodian to	A-Jun 05	
				when children transfer		access records needed for enrollment.		
				schools.	Residential	WB2.21.2.b. Incorporated	P-Jun 05	
					Facility contracts	accountability measures for transfer of	R-Jan 06	
				Kathryn Sapp		educational records into Residential	A-Feb 06	
				Cindy Wilkinson		Facility contracts.		
				WB2.21.3 Decrease		WB2.21.3.a Consult with National	P-Apr 05	
				the incidence of		Resource Centers and other national		
				educational neglect,		education resources regarding early	A-Apr 05	
				truancy and		identification of educational neglect,		
				suspension of children		truancy and suspension of children in		
				in care.		care.		

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	Dutili	; 10	Improvement	Action Steps	Wieasurement		Benchmark	Goal
	A	N/A						
				Cindy Wilkinson Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe	P-Oct 05	
						School Act.	A-Nov 05	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school	P-Nov 05	
						districts. WB2.21.3.g Protocols incorporated	A-Feb 06 P-Dec 05	
						into BASIC and foster parent training.	A-Feb 06	
				WB2.21.4 Decrease the incidence of		WB2.21.4.a Consulted with National Resource Center on Child	P-Apr 05	
				educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	A- Apr 05	
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension	P-July 05 A-Jul 05	
						incorporated into the CD-14.		
					Distribute youth	WB2.21.4.c Distribute Youth Training	P-Sep 05	
					training video Protocol	Video for teacher in-service training. WB2.21.4.d Protocol developed for	A-Nov 05 P-Oct 05	
					developed	accessing early interventions for students at risk for educational neglect, truancy and suspension.	A-Nov 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib Non-Conformity	outing	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-Feb 06	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-Feb 06	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Sth quarter PRR results = 95.8% Goal 97.8% (Goal established is calculated by taking the average of 8 quarters		PRR V-17: The physical needs of the child are being met.			P-Dec 2006 A-
			performance in 2003 and 2004 and adding 1% of the average to measure improvement.					
				WB3.22.1 Increase ability of Children's	Circuit Self Assessment	WB3.22.1.a Circuits identified available local dental resources.	P-Mar 05 A-Aug 05	
				Division staff and	Dental	WB3.22.1.b Dental coordinator	P-May 05	
				families to access available dental resources.	coordinator list	assigned to each region (local level) to identify barriers and facilitate access to dental providers.	A-Jul 05	
				Bonnie Washeck	Notification letter	WB3.22.1.c Notified dental providers of regional dental coordinators.	P-Aug 05 A-Aug 05	

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	Jums		Improvement	riction Steps	Tyreas are ment		Benchmark	Goal
	Α	N/A						
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-Nov 05	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-Apr 05	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 R-Dec 05 A-Dec 05	
				Bonnie Washeck	Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 R-Jan 06 A-Feb 06	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-Feb 06	
Item 23: Mental health needs of the child		X	Baseline 96.4% 5th quarter PRR results = 95.6% Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006 A-

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A	•					
				WB3.23.1 Increase the ability of Children's Division staff and	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04 A-Aug 04	
				families to access available mental health resources.	Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated. WB3.23.1.c See S2.3.5	P-Jan 05 A-Jan 05	
				Jim Harrison	Written plan	WB3.23.1.d Mental Health Coordinators convened teams to	P-May 05	
						identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	A-May 05	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS)	P-Aug 05	
						assessed and developed plan to reduce administrative burden on Medicaid providers.	A-Aug 05	
				WB.3.23.2 Increase		WB3.23.2.a See P1.6.3.a		
				awareness of staff and foster parents regarding attachment and mental health		WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi- annually	
				issues. Cindy Wilkinson		WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A-Sep 04 ongoing semi- annual	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-Apr 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of Achievement Benchmark Goal S P-Apr 06 ongoing	
and Item(s) Contrib Non-Conformity	buting	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				intact families. Kathryn Sapp	Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	ongoing quarterly R-Nov 06	
Systemic Factors								
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.	X							
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 74.1% 5th quarter PRR results = 73.7% Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through Peer Record Review question IV-8. The family participated in the development and signed the service plan. Previous measurement PRR IV-15			
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing		25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c 25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g		

				Program Imp	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	1			Benchmark	Goal
	Α	N/A	•					
				assessments. Kathryn Sapp		25.1.h See S2.3.1.h		
				25.2 Strengthen		25.2.a See S2.3.2.a		
				worker/supervisor		25.2.b See S2.3.2.b	1	
				skills in engaging		25.2.c See S2.3.2.c	1	
				families in the		25.2.d See S2.3.2.d	1	
				assessment, case		25.2.e See S2.3.2.e		
				planning and case plan		25.2.f See S2.3.2.f		
				review process to		23.2.1 Sec 52.3.2.1		
				increase parent,				
				caregiver (alternative				
				care provider) and				
				child involvement in				
				case assessment, plan				
				development and				
				reassessment. Kathryn Sapp				
				25.3 Improve		25.3.a See S2.3.3.a		
				supervisory capacity to		25.3.b See S2.3.3.b	-	
				monitor practice			-	
				linking the assessment		25.3.c See S2.3.3.c	-	
				with the overall plan.		25.3.d See S2.3.3.d		
				with the system plant		25.3.e See S2.3.3.e		
				Bonnie Washeck		25.3.f See S2.3.3.f		
						25.3.g See S2.3.3.g		
				25.4 Maximize		25.3.h See S2.3.3.h 25.4.a See P1.6.2.a		
				25.4 Maximize parental/family		25.4.a See P1.6.2.a 25.4.b See P1.6.2.b	1	
				involvement in Family		25.4.c See P1.6.2.c	1	
				Support Team		25.4.c See P1.6.2.c 25.4.d See P1.6.2.d	1	
				Meetings.			1	
				1,100111180.		25.4.e See S2.3.2 a 25.4.f See S2.3.2 b	1	
				Bonnie Washeck		25.4.1 See S2.3.2 b 25.4.g See S2.3.2 c	1	
						25.4.g See S2.3.2 c 25.4.h See S2.3.2 d	1	
						25.4.i See S2.3.2 d 25.4.i See S2.3.2 e	1	
						25.4.1 See S2.3.2 f	1	
	l					23.4.J ace 32.3.2 I	L	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity		,	Improvement	1			Benchmark	Goal
	A	N/A						
				25.5 Improve staff facilitation skills for Family Support Team Meetings. Jeff Adams	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state. 25.5.b Enhanced/Improved FST skill application for BASIC. 25.5.c Advanced FST skill application integrated into advanced Family- Centered Out-of-Home Service In- Service module. 25.5.d Advanced FST skill application integrated into Advanced Family- Centered Service In-Service module.	P-Feb 05 A-Feb 05 P-Feb 05 A-Feb 05 P-May 06 A- P-Sep 06 A-	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004) 5 th Quarter performance = 57.8% Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006 A-
				26.1 Revised current policy to clarify an Administrative Review and requirements	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures. 26.1.b Draft policy sent to policy	P-Feb 05 A-Jul 04 P-Mar 05	
				and requirements		review team and management.	A-Aug 04	
				F	Policy revision	26.1.c Feedback received and revisions made.	P-Apr 05 A-Aug 04	
					Policy disseminated	26.1.d New policy distributed to CD staff.	P-Jun 05 A-Aug 04	

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
				26.2 Recruit 3 rd party participants for Administrative Reviews	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-Nov 05	
				Cindy Wilkinson		26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 R-Mar 06 A-Mar 06	
				26.3 Increase ability to track 6 month Administrative	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
				Reviews separately from FSTs	CS-1 revision Revised form	26.3.b Revised the SS-61 to denote Administrative Review. 26.3.c Revised form and instructions	P-Jan 05 A-Aug 04 P-Jan 05	
				Cindy Wilkinson	disseminated	distributed to all CD staff.	A-Aug 04	
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system. Baseline established on March 31, 2005 86.3%. Goal=88.0% LS 1-3 children on 4/30/06 = 94.1% Goal Achieved					P-Dec 2006 A-
				27.1 Improve access to		27.1.a See P1.9.4.a	_	
				legal representation for		27.1.b See P1.9.4.b		

				Program Im	provement Impleme	entation		
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Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	outilig		Improvement	Action Steps	Wiedstrement		Benchmark	Goal
	Α	N/A						
				CD.		27.1.c See P1.9.4.c		
						27.1.d See P1.9.4.d		
				Jim Harrison		27.1.e See P1.9.4.e		
						27.1.f See P1.9.4.f		
						27.1.g See P1.9.4.g		
				27.2 Implement		27.2.a Current curriculum evaluated	P-Apr 05	
				training to develop		by Division of Legal Services.	A-Dec 04	
				testifying skills for CD		27.2.b Obtained technical assistance	P-Jun 05	
				staff.		from DLS, NRC and OSCA.	A-Jul 05	
					Curriculum	27.2.c Based on evaluation and	P-Oct 05	
				Jeff Adams	modified	technical assistance curriculum		
						modified.	A-Oct 05	
						27.2.d Modified curriculum approved.	P-Dec 05	
							A-Dec 05	
					Training	27.2.e Modified curriculum	P-Mar 06	
					curriculum	incorporated into Basic and OJT for		
						existing staff.	A-Mar 06	
				27.3 Increase the		27.3.a See 27.2.a		
				timeliness of 12		27.3.b See 27.2.b		
				month Permanency		27.3.c See 27.2.c		
				Hearings		27.3.d See 27.2.d	=	
				Cindy Williamson		27.3.e See 27.2.e		
				Cindy Wilkinson Kathryn Sapp	Report on circuits	27.3.f Collaborated with OSCA at the	P-May 05	
				Kaunyn Sapp	where issues need	state level to ensure joint		
					to be addressed	accountability for timely court	A-Jun 05	
						hearings and identify circuits where CD and court issues needed to be		
						addressed.		
					Workgroup	27.3.g Developed on-going Court	P-June 05	
					participant list	Issues workgroup to monitor	r-Julie 03	
					participant nst	timeliness of hearings.	A-Aug 05	
						27.3.h Developed local protocols	P-July 05	
						between the court and CD offices to	1 -July 05	
						ensure timely hearings.	A-Aug 05	
	<u> </u>			L	<u>l</u>	chouse unicity hearings.	11 11ug 03	l

	Program Improvement Implementation										
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Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement			
Non-Conformity	Č		Improvement	1			Benchmark	Goal			
	Α	N/A									
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting.	P-Jul 05 A-Jul 05				
						27.3.j Incorporated new FST policy into BASIC and OJT training for	P-Aug 05 R-Apr 06				
				27.4 Provide cross		existing staff. 27.4.a See P1.7.4.a	A-Apr 06				
				training to judiciary,		27.4.a See F1.7.4.a 27.4.b See P1.7.4.b	-				
				court staff, GALs and		27.4.c See P1.7.4.c	-				
				Children's Division		27.4.d See P1.7.4.d	1				
				staff on ASFA &		27.4.e See P1.7.4.e	1				
				Permanency hearings consistent with state and federal regulations. Jeff Adams		27.4.f See P1.7.4.f					
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4% 5th Quarter PRR results = 89.8% * Goal achieved Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)	28.1 Improve access to	Monitored through PRR V- 14: TPR has occurred or been filed when the child has been in Out- of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.	28.1.a See P1.9.4.a		P-Dec 2006 A-			
				legal representation for CD.		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c					

				Program Im	provement Implem	entation		
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Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri	buting	g to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Вененник	Cour
	A	N/A						
						28.1.d See P1.9.4.d		
				Jim Harrison		28.1.e See P1.9.4.e		
						28.1.f See P1.9.4.f		
						28.1.g See P1.9.4.g		
				28.2 Strengthen		28.2.a See S2.3.2.a		
				worker/supervisor		28.2.b See S2.3.2.b		
				skills in engaging		28.2.c See S2.3.2.c		
				families in the		28.2.d See S2.3.2.d		
				assessment, case		28.2.e See S2.3.2.e	4	
				planning and case plan review process to		28.2.f See S2.3.2.f		
				increase parent,				
				caregiver (alternative				
				care provider) and				
				child involvement in				
				case assessment, plan				
				development and				
				reassessment.				
				Kathryn Sapp				
				28.3 Termination of		28.3.a See P1.9.1a		
				Parental Rights will be		28.3.b See P1.9.1.b		
				filed in a timely		28.3.c See P1.9.1.c		
				manner, except when		28.3.d See P1.9.1.d		
				compelling reasons are		28.3.e See P1.9.1.e		
				documented.				
				Cindy Wilkinson				
	1			28.4 Improve diligent		28.4.a See P1.6.2.a		
				search for		28.4.b See P1.6.2.b	+	
				relatives/parents		28.4.c See P1.6.2.c	+	
				retait ves/ parents		28.4.c See P1.6.2.c 28.4.d See P1.6.2.d	+	
				Bonnie Washeck		20.4.u See f 1.0.2.u		
				28.5 Collaborate with	Draft proposal	28.5.a Proposal drafted.	P-Aug 05	
				OSCA to amend	FP	The state of the s	A-Aug 05	
				211.447 RSMo to		28.5.b Written proposal reviewed by	P-Oct 05	
				ensure consistency		OSCA and the Department.	A-Aug 05	

				Program Im	provement Impleme	entation		
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Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o Benchmark	f Achievement
Non-Conformity			Improvement	_			Benchmark	Goal
	A	N/A						
				w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required. Jim Harrison	Meeting agenda	28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal.	P-Nov 05 A-Aug 05	
					Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-	
Item 29:		X		29.1 Increase ability of		29.1.a Implemented HB 1453.	P-Aug 04	
Provides a process for foster parents, readoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.	V			foster parents to be notified of and heard in court. Bonnie Washeck	Cross training curriculum	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court. 29.1.c Emphasized to staff the importance of including correct names and addresses in court reports. 29.1.d Comprehensive Child Welfare Training completed with OSCA.	A-Aug 04 P-Jun 05 A-Jun 05 P-Mar 05 A-Apr 05 P-May 05 A-May 05	
Item 30: Standards to assure quality services and ensure children's safety and health Item 31: Identifiable QA	X							
system that evaluates the								

				Program Im	provement Impleme	entation		
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Outcome or Syster			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri	buting	to to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Denemiark	Goar
	A	N/A						
quality of services								
and improvements								
Item 32:	X							
Provision of ongoing staff								
training that								
addresses the								
necessary skills								
and knowledge								
Item 33:		X						
Ongoing training								
for staff				22.17				
				33.1 Develop		33.1.a Professional Development and	P-Feb 04	
				supervisory training		Training collaborated with HRC for	A E 1 04	
				for front line	TD :: 1	on-going supervisors training.	A-Feb 04	
				supervisors.	Training agenda	33.1.b Implemented Module Four of	P-Mar 04	
				Jeff Adams	Training agenda	the CPS Supervisor Training Project. 33.1.c Implemented Module Five of	A-Apr 04 P-Jul 04	
				Jen Adams	Training agenda	the CPS Supervisor Training Project.	A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the	P-Oct 04	
					Training agenda	CPS Supervisor Training Project.	A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training	P-Dec 04	
					Beomening report	Project Debriefing.	A-Dec 04	
					List of trainings	33.1.f HRC supervisor administrative	P-Dec 04	
					offered	pre-service training began for CD	A-Nov 04	
						supervisors.		
					Curriculum	33.1.g Professional Development and	P-July 05	
					developed	Training completed development of	A-Jul 05	
						new supervisor training		
						curriculum/structure including initial		
						and on-going training.		
						33.1.h Training curriculum reviewed	P-Aug 05	
						and approved by CD management.	A-Aug 05	
						33.1.i Professional Development and	P-Aug 05	
						Training selected one rural and one		
						metro field test site.	A-Aug 05	

				Program In	nprovement Impleme	entation		
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Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Antina Stano	Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	ouung	; 10	Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
						33.1.j Professional Development and	P-Sep 05	
						Training field tested curriculum in two		
						test sites	A-Sep 05	
					Evaluation report	33.1.k Professional Development and	P-Jan 06	
						Training evaluated field test results	A-Jan 06	
					Curriculum	33.1.1 Professional Development and	P-Jan 06	
					revised	Training, revised curriculum based on evaluation	A-Jan 06	
						33.1.m Professional Development and	P-Jun 06	
						Training implemented curriculum statewide.	A-	
				33.2 Develop	Curriculum	33.2.a Professional Development and	P-Oct 04	
				advanced in-service	developed	Training developed advanced in-		
				training module for		service curriculum for investigators	A-Sept 04	
				investigations and		and assessors.		
				assessments		33.2.b CD administration approved	P-Nov 04	
						advanced investigation and		
				Jeff Adams		assessment in-service training module.	A-Sept 04	
					Training dates	33.2.c Professional Development and	P-Jan 05	
						Training began training advanced		
						investigation and assessment	A-Sept 04	
					G 1 1	curriculum.	D. I. 0.5	
					Curriculum	33.2.d Professional Development and	P-June 05	
					revised	Training evaluated advanced investigation and assessment training	A-Jun 05	
						module and made revisions.	A-Juli 03	
						33.2.e Professional Development and	P-Jul 05	
						Training implemented revised	1 -301 03	
						investigation and assessment	A-Jul 05	
						advanced in-service training	1100100	
						statewide.		
				33.3 Develop	Workgroup	33.3.a Professional Development and	P-Feb 04	
				advanced in-service	participant list	Training formed workgroup to		
				training module for	-	develop Family-Centered Services	A-Feb 04	
				Family- Centered		advanced in-service training module.		

				Program Im	provement Impleme	entation		
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Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	Tradion Steps	THOUS WITCHIS		Benchmark	Goal
	A	N/A		~ .	-		7.16	
				Services Jeff Adams	Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum	33.3.d Professional Development and	P-Aug 05	
					developed	Training developed advanced inservice curriculum for Family-Centered Services.	A-Aug 05	
						33.3.e CD administration approved advanced Family-Centered Services	P-Aug 05	
					m	in-service training module.	A-Sep 05	
					Training dates	33.3.f Professional Development and Training began training advanced	P-Sep 05	
					Coming Long	Family-Centered Services curriculum.	A-Oct 05 P-Mar 06	
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family- Centered Services training module	A-Feb 06	
						and made revisions.		
						33.3.h Professional Development and Training implemented revised Family-	P-Sep 06	
						Centered Services advanced in-service training statewide.	A-	
				33.4 Develop advanced in-service training module for Family- Centered Out- of-Home Care services	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced inservice training module.	P-Jun 04 A-Jun 04	
				Jeff Adams				
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	

				Program In	nprovement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contril Non-Conformity	buting	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
Tion Comornity	Α	N/A	Improvement					
	71	1071				33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced inservice curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-Oct 05	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-Feb 06	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-Feb 06	
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-Mar 06	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-	
				33.5 Enhanced On- The-Job (OJT) Training	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
				Jeff Adams	Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-Mar 05	
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-Jun 05	

				Program Im	provement Impleme	entation		
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Outcome or Syster			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A	•					
					Core team members	33.5.d Created a core team consisting of social work specialists, supervisors, workers and trainer to enhance the provision of On-the-Job Training (OJT).	P-Jan 06 A-Jan 06	
					List of core skills/ competencies	33.5.e Identified core skills/competencies that CD will expect new staff to have after completing BASIC.	P-Apr 06 A-Apr 06	
					Skill guide	33.5.f Beginning skills guide to be developed for use by supervisors.	P-Apr 06 A-Apr 06	
						33.5.g Supervisors commented on the skills/guide list. 33.5.h Skills guide modified after	P-Jun 06 A- P-Jun 06	
						comment periods. 33.5.i Skills guide/list available for	A- P-Aug 06	
						statewide use by supervisors.	A-	
				33.6 Create training advisory Committee to annually assess needs and evaluate training	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 R-Oct 06 A-	
				Jeff Adams	Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 R-Oct 06 A-	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 R-Nov 06 A-	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 R-Nov 06 A-	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 R-Dec 06 A-	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	

				Program Im	provement Implem	entation		
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Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of Achievement Benchmark Goal P-Apr 04 A-Jun 04 P-Nov 04 A-Nov 04 P-Feb 05 A-Feb 05	f Achievement
and Item(s) Contrib Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training agenda	33.7.b Held first CA/N Training Institute Session		
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05	-
				33.8 Provide training	Circuit Self-	33.8.a Circuits completed Circuit Self-		
				based on circuit	Assessments	Assessments		
				specific needs		33.8.b Circuits notified Professional Development and Training Unit of	P-Nov 04	
				Jeff Adams		targeted training needs	A-Nov 04	
						33.8.c Professional Development and Training Unit to began providing	P-Jan 05	
						targeted training to circuits based on identified need	A-Jan 05	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge Item 35: Service	X	X						
array								
				35.1 Increase access		35.1.a See WB3.22.1.a	1	
				and availability to		35.1.b See WB3.22.1.b	_	
				dental services		35.1.c See WB3.22.1.c	4	
				Bonnie Washeck		35.1.d SeeWB3.22.1.d 35.1.e SeeWB3.22.1.e	4	
	-			35.2 Increase the	Curriculum	35.1.e SeewB3.22.1.e 35.2.a Professional Development and	P-Ian 04	
				ability of staff and	developed	Training developed Family Drug and	1-3411 04	
				families to access Alcohol and Drug	22.020	Safety Training based in focus group information	A-Jan 04	
				Abuse Services (ADA)	Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	

				Program Im	provement Impleme	entation		
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Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	7 tetton steps	ivicusurement		Benchmark	Goal
	A	N/A						
				Jeff Adams	Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test,	P-Apr 05	
						including target audiences and how many staff	A-Apr 05	
					Training dates and sites		P-Jun 06	
						across the state.	A-	
				35.3 Increase		35.3.a See P1.6.5.a		
				availability of		35.3.b See P1.6.5.b		
				specialized foster		35.3.c See P1.6.5.c		
				homes for older youth,		35.3.d See P1.6.5.d	1	
				siblings, disabled and		35.3.e See P1.6.5.e	1	
				medically fragile				
				children.				
				Cindy Wilkinson				
				35.4 Increase	Circuit self-	35.4.a Through circuit self-	P-Mar 05	
				availability of and	assessment	assessment, determined available		
				access to parenting classes and		parenting classes and family/parent aide services	A-Aug 04	
				family/parent aide services.	CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide	P-Feb 06	
						and parenting class service	A-Feb 06	
				Bonnie Washeck				
				35.5 Increase services to meet the needs of	Circuit self- assessments	35.5.a Through circuit self-assessment, determined available	P-Mar 05	
				non-English speaking consumers.		interpretive services for non-English speaking clients	A-Aug 04	
				Kathryn Sapp	Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with	P-May 05	
						identified need	A-Jul 05	

				Program Im	Improvement Implementation				
1			2	3	4	5	6	7	
	utcome or Systemic Factors		Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement	
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal	
	Α	N/A							
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-Dec 05		
				35.6 Increase	Circuit self-	35.6.a Available transportation	P-Mar 05		
				availability of	assessment	services determined through circuit			
				transportation services.		self-assessment.	A-Aug 04		
				Bonnie Washeck		35.6.b Recruited regional service organizations to provide transportation	P-May 05		
						services.	A- Jul 05		
					CTS contracts	35.6.c Issued state-wide transportation	P-Mar 06		
Item 36: The		X				contracts.	A-Feb 06		
services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.				See Item 35, 1-6					
Item 37: The		X		5cc Item 55, 1-0					
services in item 35 can be individualized to meet the unique needs of children and families served by the agency.		Α							
				37.1 Increase access to existing services		See Item 35 1-6			
				37.2 Strengthen		37.2.a See S2.3.2.a			
				worker/supervisor		37.2.b See S2.3.2.b	1		
				skills in engaging		37.2.c See S2.3.2.c	-		
				families in the			-		
				rannines in the		37.2.d See S2.3.2.d			

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib	nic Fa buting	ctors	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
				assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		37.2.e See S2.3.2.e 37.2.f See S2.3.2.f		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X			Kathryn Sapp				
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions Item 43: Conducts	X							
necessary criminal	Λ							

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o Benchmark	f Achievement Goal
Tron comornity	Α	N/A	Improvement					
background checks.	11	11/11						
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the number of resource families. Cindy Wilkinson		44.1.a See P1.6.5.a 44.1.b See P1.6.5.b 44.1.c See P1.6.5.c 44.1.d See P1.6.5.d 44.1.e See P1.6.5.e 44.1.f See P 2.12.3.a 44.1.g See P 2.12.3.b 44.1.h See P 2.12.3.c 44.1.i See P 2.12.3.d 44.1.j See P 2.12.3.d		
Item 45: Uses cross-jurisdictional resources to find placements	X							

Children's Bureau Child and Family Services Reviews IV. Program Improvement Plan Matrix (PIP Matrix)

State: _	Missouri		ACI	F Regional Office:		
State cont	act and telephone:	Lee Temmen, 573-526-3735	Region I	Region IV	X Region VII	Region X
ACF Cont	act and telephone:	Ann Burds, 816 426-2260	Region II	Region V	Region VIII	
Date and	quarter submitted:	August 29, 2006 – 6 th Quarter	— Region III	Region VI	Region IX	
						Blue = under renegotiation
						Gray = completed

A = Achieved N/A = Not Achieved *Performance derived using the average of pervious four quarters performance

				Program In	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o Benchmark	f Achievement Goal
	A	N/A						
Safety Outcome S1:								
Item 1: Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004) The Goal of achieving 80.4% has been met. Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected-Dec 2006 Actual-

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
			Progress to be tracked quarterly over two year period from CD Outcomes Report).					
				S1.1.1 Clarify policy regarding timeliness of		S1.1.1.a Refined definition of "initiating" reports.	P-Mar 05 A-Mar 05	
				initiating reports of child maltreatment. Kathryn Sapp		S1.1.1.b Policy clarified regarding multi disciplinary team contact. S1.1.1.c Policy clarified regarding face-to-face contact and determining	P- Mar 05 A-Mar 05 P-Mar 05 A-Mar 05	
					Policy issuance	safety of the child. S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-May 05	
				S1.1.2 Increase accuracy of data regarding initial contact. Kathryn Sapp		S.1.1.2.a Data system entry guidelines clarified for "initial contact".	P-Aug 05 A-Aug 05	
						S.1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-Jan 06	
				Susan Savage	PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-Oct 05	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
				alternative protocols for managing non CA/N referrals	Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
				Virginia Lewis-Brunk	Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test site continuation.	P-Apr 05 A-Apr 05	
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Apr 05 A-Apr 05	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas	P-Aug 05 A-Apr 05	
				S1.1.4 Develop improvement plan to	Circuit self- assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04	
				respond timely to reports of	Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-Mar 05	
				maltreatment	Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
				Kathryn Sapp		S1.1.4.d Monitored the improved timeliness of initial child contact.	P-Jul 05 A-Jul 05	
				S1.1.5 Call Management and Structured Decision	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
				Making (SDM) Protocols Implemented at the Child Abuse and		S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04	
				Neglect Hotline Unit (CA/N HU) to provide	Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call	P-Aug 04	
				consistent screening and classification of	CA/N HU	management system. S1.1.5.d CA/N HU Supervisory	A-Aug 04 P-Sept 05	
				calls received. Charlotte Gooch	Supervisory Review Tool developed	Review tool developed to assess quality.	A-Sept 05	
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-Jun 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-Oct 05	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A- Jan 06 Quarterly	
				S1.1.6 Revised policy		S1.1.6.a Defined what statutory core	P-Dec 05	
				relating to non CA/N		functions are.	A-Dec 05	
				referrals (M,P,N) given the division's	Draft plan	S1.1.6.b Developed proposed plan for information dissemination on practice	P- Dec 05	
				need to better address its core functions and	C 14 '41.	changes regarding non CA/N calls.	A-Dec 05	
				statutory mandates, with existing available	Consult with NRC-CPS	S1.1.6.c Consulted with National Resource Center on Child Protective Services regarding non CA/N	P-Feb 06 A-Nov 05	
				resources.		referrals.	D 4 06	
				Kathryn Sapp		S1.1.6.d Shared proposed plan with	P-Apr 06 A-Apr 06	
				Канпун зарр	Modified plan	Regional Directors. S1.1.6.e Modified proposed plan, if needed, based on recommendations of	P-May 06	
						the Regional Director	A-May 06	
						S1.1.6.f Shared proposed plan with CJA taskforce.	P-Jun 06 A-Jun 06	
					CJA recommendations	S1.1.6.g Shared CJA taskforce recommendations with CD	P-Jul 06	
					Policy developed	administration. S1.1.6.h Policy changed for CANHU on the screening process for non CA/N calls, if needed.	A-Jul 06 P-Aug 06 A-	
					Training agenda	S1.1.6.i If needed, training provided to CANHU staff on modified protocol changes.	P-Sep 06 A-	
					Notification letter	S1.1.6.j Notified known mandated reporters and other professional organizations on practice changes.	P- Oct 06	
					Disseminate	S1.1.6.k Disseminate policy changes	P-Nov 06	
					policy	to all staff.	A-	

Program Improvement Implementation									
1			2	3	4	5	6	7	
Outcome or Systemic			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement	
and Item(s) Contribu	ıting	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal	
Non-Conformity	٨	NT/A	Improvement						
Item 2: Repeat	A	N/A X	CA/N Recidivism					P-Dec 2006	
maltreatment		Λ	Nat'l Standard					r-Dec 2000	
marti catment			6.1 % or less						
Recurrence of			MO FFY 2003					A-Sept 2005	
Maltreatment:			NCANDS					_	
			Baseline 8.3%						
Of all children									
who were victims of a substantiated			NCANDS Goal						
or indicated			7.4% (Based on Federal formula for						
maltreatment			goal setting						
report in the first			Sour Setting						
six months of the			6th quarter average						
fiscal year, what			performance= 4.6%						
percent were			based on quarterly						
victims of			Outcome Report not						
another substantiated or			NCANDS. NCANDS data not						
indicated report			available quarterly.						
within a 6 month			available quarterly.						
period									
				S1.2.1 Ensure	PRR revision	S1.2.1.a Incorporated SDM safety and	P-Jan 04		
				consistent and accurate		risk assessment questions into Peer	. =		
				completion of SDM	T	Record Review Tool.	A-Feb 04	-	
				safety and risk assessment.	Training curriculum	S1.2.1.b Modified BASIC training curriculum and ongoing training	P-Feb 04		
				assessificit.	Curricululli	curriculum based on PRR results.	A-Mar 04		
				Kathryn Sapp	Training agenda	S1.2.1.c Conducted initial in-service	P-Jun 04	1	
				Cindy Wilkinson	6 - 6 -	training with CD and court staff.	A-Jun 04		
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record	P & A-On-	1	
					_	Review Outcomes.	going &		
							quarterly	_	
					In-service training	S1.2.1.e Convene workgroup to	P-Feb 05		
					agenda	finalize SDM review tool and instruction to field.	A-Dec 04		
						S1.2.1.f Instruct field staff to review	P-Apr 05	-	
						10% of cases using SDM review tool.	A-Apr 05		

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				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contrib Non-Conformity	outing	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
Non-Comornity	A	N/A	Improvement					
	А	IN/A				S1.2.1.g Evaluate results of review,	P-Jul 05	
						identify circuits whose needs are more	1-341-05	
						imminent for the training.	A-Jul 05	
						S1.2.1.h As needed, provided training	P-Sep 05	
						to circuits identified with imminent	ongoing	
						need.	A-Sep 05	
Incidence of			CA/N in AC Nat'l					P-Jan 2007
Child Abuse and/or Neglect			Standard 0.57% or					A-
in Foster Care:			less					A-
m roster care.			MO FFY 2003					
Of all children			NCANDS					
who were in			Baseline 0.37%					
foster care during								
the reporting			Goal Achieved					
period of the								
fiscal year, what percent								
experienced								
maltreatment								
from foster								
parents or facility								
staff members?								
				S1.2.2 Implementation	Training agenda	S1.2.2.a All staff trained in CSE	P-Jul 04	
				of "Confirming Safe Environments" (CSE)		process in test sites of Pettis, Cooper, and Greene.	A-Jul 04	
				process.	Training agenda	S1.2.2.b Trained one Out-of-Home	P-Jul 04	
				Process.	Training agonda	Unit on CSE in St. Louis City.	A-Jul 04	
				Susan Savage		S1.2.2.c In-house expertise developed	P-Dec 04	1
				_		for training	A-Dec 04	
					Evaluation report	S1.2.2.d Central Office staff	P-Mar 05	
						summarized test site implementation		
						in Pettis, Cooper and Greene for Child	A May 05	
					Review of CSE	Protection S1.2.2.e Strengths in summary and	A-Mar 05 P-Aug 05	-
					curriculum	CSE curriculum identified by	r-Aug US	
					Curriculum	Visitation Workgroup.	A-Aug 05	

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				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or Systems and Item(s) Contribu			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of	f Achievement
Non-Conformity	uung	ιο	Improvement	Action Steps	Weasurement		Benchmark	Goal
	A	N/A						
					Workgroup recommendations report	S1.2.2.f. Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05 A-Nov 05	
						S1.2.2.g. Executive staff met to approve recommendations.	P-Jan 06 A-Jan 06	
						S.1.2.2.h. Central Office staff met to begin addressing policy assignments.	P-Feb 06 A-Feb 06	
						S1.2.2.i Developed safety policy regarding assessment of safety at and	P-Apr 06	
						throughout placement.	A-Apr 06	
					Meeting notes	S1.2.2.j Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for	P-Apr 06 A-Apr 06	
					Policy memo	staff and foster parents S1.2.2.k Policy memo disseminated to staff.	P-May 06 A-May 06	
					Training plan	S1.2.2.1 Training began on policy enhancements to new and existing	P-Jul 06	
				~1.00		staff.	A-Jul 06	
				S1.2.3 Strengthen policy regarding	Convened Visitation	S1.2.3.a Visitation Workgroup convened to review current visitation	P-May 05	
				assessment of safety at	workgroup	and safety policy.	A-May 05	
				and throughout placement. Cindy Wilkinson	Workgroup Recommendations	S1.2.3.b Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05 A-Nov 05	
					Draft policy	S1.2.3.c Developed safety policy regarding assessment of safety at and	P-Apr 06	
						throughout placement.	A-Apr 06	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	utilig		Improvement	redon steps	Wiedsurement		Benchmark	Goal
	A	N/A						
						S1.2.3.d Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents.	P-Apr 06 A-Apr 06	
					Policy disseminated	S1.2.3.e Policy disseminated.	P- May 06 A-June 06	
						S1.2.3.f Training began on policy enhancements to new and existing staff	P-Jul 06 A-Jul 06	
				S1.2.4 Practice Enhancement Teams		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-Feb 05	
				(PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment	Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
					Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-Apr 05	
				and CA/N in foster care.	List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement	P-May 05	
				Bonnie Washeck	Program improvement	S1.2.4.e Program improvement plans implemented by Circuit Managers and	A-Jul 05 P-Aug 05	
					plans developed	staff.	A-Aug 05	
				S1.2.5. Strengthen policy and practice relating to chronic neglect and	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
				accumulation of harm. Kathryn Sapp	Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-Jun 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	outing	, 10	Improvement	Action Steps	Weastrement		Benchmark	Goal
	Α	N/A						
						S1.2.5.d Three pilot sites selected (Jasper, McDonald and Newton counties) based on negotiations with Federal partners.	P-July 05 A-Jun 05	
					Training agenda	S1.2.5.e Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	
					IAR Screening Tool	S1.2.5.f Used IAR's screening tool to determine if families meet the CN criteria.	P-Nov 05 A-Oct 05	
					Tracking tool	S1.2.5.g Developed a tool for manual tracking of CN families to be utilized throughout pilot	P-Feb 06 R-May 06 A-May 06	
						S1.2.5.h Met with Regional and Circuit administrators to strategize about next steps and community	P-Jun 06 A-Jun 06	
						forum. S1.2.5.i Held community forum to gain support from stakeholder.	P-Jul 06 R-Aug 06 A-	
						S1.2.5.j Initiated pilot.	P-Aug 06 R-Oct 06 A-	
					Evaluation report	S1.2.5.k CD staff evaluated short term output of pilot effectiveness.	P-Jan 07 A-	
				S1.2.6 Develop performance-based contract for foster parents	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-May 05	
				Bonnie Washeck		S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-Apr 06	
						parono.	A-Api 00	

Program Improvement Implementation										
1			2	3	4	5	6	7		
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement		
Non-Conformity		,	Improvement				Benchmark	Goal		
	Α	N/A								
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-Mar 06			
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06 A-Mar 06			
						S1.2.6.g Initiated PFDP for all new	P-May 06			
						and reassessed foster parents.	A-May 06			
Safety Outcome						and reassessed rester parents.	11 may 00			
S2: Item 3: Services		X	Baseline 89.4%		Peer Record			P-Dec 2006		
to family to protect child(ren) in home and prevent removal		A	6th quarter average PRR performance = 88.0 % Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		Review (PRR) IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment. (Previous measure used was IV-15).			A-		
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and	Draft of CD-14 Evaluation report Revised CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2. S2.3.1.b CD-14 family assessment tool field test expanded to other sites. S2.3.1.c Results of field test evaluated and analyzed by staff and work group. S2.3.1.d Revised CD-14 as needed. S2.3.1.e Recommendations regarding changes made.	P-Sep 04 A-Sep 04 P-May 05 A-Feb 05 P-Jun 05 A-Mar 05 P-Jul 05 A-Apr 05 P & A On-going			

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib Non-Conformity	outing	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				identified areas specifically related to child safety and risk	Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 R-Jan 06 A-Dec 05	
				concerns (to be completed concurrently with S2.3.2)	Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-Feb 06	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-Feb 06	
				Kathryn Sapp S2.3.2 Strengthen worker/supervisor		S2.3.2.a Conducted focus groups (workers, supervisors, circuit	P-Aug 04	
				skills in engaging families in the assessment, case		managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	A-Aug 04	
				planning and case plan review process to increase parent,	Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04 A-Oct 04	
				caregiver (alternative care provider) and	Training Training curriculum	S2.3.2.c Training curriculum developed and supplemental FST	P-Feb 05	
				child involvement in case assessment, plan	developed and began	training began.	A-Feb 05	
				development and reassessment.		S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
				Bonnie Washeck	Training agenda and summary of	S2.3.2.e Training provided for existing staff and feedback solicited	P-Oct 05	
					feedback	from trainees on training.	A-Oct 05	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually R-Apr 06 A-Apr 06	
				S2.3.3 Improve supervisory capacity to monitor enhanced		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-May 05	
				practice relating to case planning.	Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-Sep 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	retion steps	Wiedsdreinent		Benchmark	Goal
	A	N/A						
				Susan Savage		S2.3.3.c Supervisory case review tool	P-Sept 05	
						field tested by selected supervisors.	A-Sep 05	
					Feedback	S2.3.3.d Feedback from field testing	P-Jan 06	
					summary	reviewed by review team.	A-Dec 05	
					Tool revision	S2.3.3.e Supervisory case review tool	P-Jan 06	
						revised as needed.	A-Jan 06	
					Protocol	S2.3.3.f Protocol for supervisory case	P-Jan 06	
					established and manual revision	review established and manual revisions made.	A I 06	
					manual revision		A-Jan 06 P-Feb 06	
						S2.3.3.g System automation completed for supervisory case review	R-Jul 06	
						tool.	A-Jul 06	
					Policy	S2.3.3.h Supervisory case review tool	P-Feb 06	
					disseminated and	and protocols approved and	R-Jul 06	
					implemented	distributed for statewide use.	A-Jul 06	
				S2.3.4 Establish	impremented	S2.3.4.a Developed service access	P-Aug 05	
				procedures to access		funding grid and guidelines.	A-Aug 05	
				various service	Guidelines	S2.3.4.b Distributed service access	P-Sept 05	
				funding streams.	distributed	funding grid and guidelines to all	r-sept 05	
				Bonnie Washeck	distributed	staff.	A-Feb 06	
				S2.3.5. Per new		S2.3.5.a Barriers identified for	P-Jan 05	
				legislation, develop		children needing mental health	A-Jan 05	
				state comprehensive		services.	11 0 011 00	
				children's mental		S2.3.5.b Funding mechanisms	P-Jan 05	
				health plan to increase		established for providing mental		
				level of cooperation		health services.	A-Jan 05	
				between court, mental	Coordination plan	S2.3.5.c Plan developed for	P-Jan 05	
				health, child welfare	_	coordination of resources from		
				and families.		multiple agencies.	A-Jan 05	
						S2.3.5.d Evaluation methodology	P-Jan 05	
				Jim Harrison		established.	A-Jan 05	
					Report	S2.3.5.e Report with	P-Jan 05	
					submission	recommendations submitted to	A-Jan 05	
						legislators and governor.		

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri	buting	g to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity		T · ·	Improvement				Beneman	
T. 1 D. 1 C	A	N/A			DDD WL 10			D.D. 2004
Item 4: Risk of harm to		X			PRR IV-13 was removed as a			P-Dec 2006
child(ren)					measure for this			A-
cinid(ten)					item per 4 th			A-
					quarter			
					renegotiation.			
				S2.4.1 Ensure	SDM Review	S2.4.1.a See S1.2.1.a		
				consistent and accurate	Tool	S2.4.1.b See S1.2.1.b	1	
				completion of SDM safety and risk		S2.4.1.c See S1.2.1.c	1	
				assessment.		S2.4.1.d See S1.2.1.d	1	
						S2.4.1.e See S1.2.1.e	1	
				Cindy Wilkinson		S2.4.1.f See S1.2.1.f	1	
						S2.4.1.g See S1.2.1.g	1	
						S2.4.1.h See S1.2.1.h		
				S2.4.2 Implementation		S2.4.2.a See S1.2.2.a		
				of "Confirming Safe		S2.4.2.b See S1.2.2.b		
				Environments"		S2.4.2.c See S1.2.2.c		
				process.		S2.4.2.d See S1.2.2.d		
				Susan Savage		S2.4.2.e See S1.2.2.e		
						S2.4.2.f See S1.2.2.f		
						S2.4.2.g See S1.2.2.g	4	
						S2.4.2.h See S1.2.2.h S2.4.2.i See S1.2.2.i	-	
						S2.4.2.i See S1.2.2.i S2.4.2.j See S1.2.2.j	-	
						S2.4.2.k See S1.2.2.k	-	
						S.2.4.2.1 See S1.2.2.1	1	
				S2.4.3 Implement	Policy	S2.4.3.a Policy for enhanced	P-Aug 04	
				enhanced background	disseminated	background screening implemented		
				screening for		statewide.	A-Aug 04	
				foster/kinship and		S2.4.3.b Policy updates and	P-Aug 04	
				court ordered		supervisory consultations with	A A O 4	
				providers.		existing staff.	A-Aug 04	
	<u> </u>	<u> </u>					1	l

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated Measure/Percent of	A ation Ctons	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	ouung	το	Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				Cindy Wilkinson		S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
				S2.4.4 Development of "Culture of Care Initiative" for	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
				Initiative" for improving safety and nurturance of children in a residential care setting. Fred Proebsting	Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
						S2.4.4.c Curriculum approved by CD administration. S2.4.4.d Roundtables held with CEO's	P-May 04 A-May 04	
						to discuss curriculum.	P-Jul 04 A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
				S2.4.5 Improve family assessment and case		S2.4.5.a See S2.3.1.a S2.4.5.b See S2.3.1.b		
				plan tools to better link		S2.4.5.c See S2.3.1.c		
				service provision to		S2.4.5.d See S2.3.1.d		
				the needs of the family identified in the initial		S2.4.5.e See S2.3.1.e		
				and ongoing		S2.4.5.f See S2.3.1.f		
				assessments; include a mechanism for family self-assessment and identified areas specifically related to		S2.4.5.g See S2.3.1.g		
				child safety and risk concerns.		S2.4.5.h See S2.3.1.h		
				Kathryn Sapp				

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o Benchmark	f Achievement Goal
Non-Conformity			Improvement				Benefimark	Goar
	A	N/A						
Permanency Outcome 1								
Item 5	X		Passed CFSR On- site review and 2002 AFCARS					
Item 6: Stability of foster care		X	Stability in foster care. Nat'l Standard					P-Dec 2006
placement			86.7% or more 6th quarter					A-
			performance based on quarterly outcomes report = 76.6%* not					
			AFCARS formula. AFCARS data not available. MO FFY 2003 78.6%					
			AFCARS Goal 80.5% (Based on Federal formula for					
			goal setting). Data profile: 8-3-06 Rolling yr. end 3/31/06 for stability = 81.5%					
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non- related, Not licensed 3) Kin, Non- related, Licensed.	P-Mar 05 A-Feb 05	
				Lesley Pettit		P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-May 05	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-Sep 05	

		Program Im	provement Impleme	entation		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	Improvement	Action Steps	Measurement		Benchmark	Goal
A N/A						
			Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05 A-Feb 06	
			Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome	P-Apr 06	
		P1.6.2 Improve diligent search for		Report. P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	A-Mar 06 P-Jul 04 A-Jul 04	
		relatives/missing parents. Bonnie Washeck	Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored	P-Aug 04	
				through supervisory oversight. P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	A-Aug 04 P-Mar 05 A-Apr 05	
			Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05 A-Apr 05	
		P1.6.3 Expand use of family support team meetings to promote	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an	P-Aug 04	
		stability in alternative care placements		impending move. P1.6.3.b Made ACTS system changes to track FSTs held prior to or	A-Aug 04 P-Aug 04	
		Kathryn Sapp Cindy Wilkinson		immediately after a move. P1.6.3.c Central Office staff provided training to regional staff on HB 1453 requirements P1.6.3.d Regional staff provided localized training to existing staff on	A-Aug 04 P-Aug 04 A-Aug 04 P-Sep 04	
				HB 1453 requirement	A-Sep 04	

				Program In	nprovement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04 A-Dec 04	
					PRR	P1.6.3.f Updated PRR to assure preplacement FSTs.	P-Feb 05 A-Mar 05	
				P1.6.4 Identify resource family types	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to	P-Mar 05	
				and shortages		determine resource family needs.	A-Apr 05	
				Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit	P-May 05	
						management plan to address identified need.	A-Jul 05	
					Contract extension	P1.6.4c Extended current Foster Care/Adoption Resource Services	P-Nov 05	
						contract	A-Nov 05	
					Circuit progress	P1.6.4d Circuit reported quarterly	P-Feb 06	
					reports	progress on recruitment activities	quarterly A-Feb 06	
					NRC Technical Assistance plan	P1.6.4e Consulted with the National Resource Center for Family Centered	P-Mar 06	
						Practice and Permanency Planning regarding recruitment of resource families.	A-Jan 06	
				P1.6.5 Increase number of resource families	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Jun 04 A-Jun 04	
				Cindy Wilkinson	Adopt US Kids	P1.6.5.b Implemented Adopt US Kids	P-Jul 04	
				omaj ministri	campaign	campaign.	A-Jul 04	
					Request for Proposal	P1.6.5.c RFP written and released for performance based case management	P-Apr 05	
					1	contracts (PBC).	A-Apr 05	
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 05	
							A-Jun 05	
						P1.6.5.e PBC Case Management	P-Sep 05	
						Services began	A-Sep 05	

	Program Improvement Implementation											
1			2	3	4	5	6	7				
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement				
and Item(s) Contril Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal				
	Α	N/A	<u>r</u>									
		- "			Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services contract.	P-Nov 05 A-Nov 05					
					ACTS data report	P1.6.5.g Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability.	P-Feb 06 quarterly A-Feb 06					
					NRC Technical Assistance plan	P1.6.5.h Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06					
					Annual report	P1.6.5.i Annual report to General Assembly regarding PBC regarding case management, recruitment and training outcomes.	P-Jul 06 annually A-Jul 06					
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06 A-Jan 06					
				home settings.	Survey results	P1.6.6.b Surveyed resource families to gather information regarding	P-May 06					
				Cindy Wilkinson		P1.6.6.c Developed a placement	A-May 06 P-Oct 06					
					26.11	matching tool designed for use in team decision making.	A-					
					Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06 A-					
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06					
				P1.6.7 Evaluate support and training	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the	P-Dec 05					
				provided for relative/kinship		Caregiver who Knows the Child training curriculum.	A-Feb 06					

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement				Benchmark	Goal
	A	N/A						
				resource families	Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-Apr 06	
				Cindy Wilkinson Jeff Adams	Curriculum revision	P1.6.7.c Based on curriculum modifications, training xxto began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 A-	
Item 7: Permanency goal for child		X	Baseline 85.9% 6th quarter PRR results = 83.6% Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006 A-
			improvement.)	P1.7.1 Ensure the frequency and timeliness of Family	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
				Support Team Meetings occurs per policy	Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-Apr 05	
				Kathryn Sapp Cindy Wilkinson	Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs)		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
				to ensure permanency goal is reviewed and established	Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Aug 04	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or Syster			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				Kathryn Sapp	Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Aug 04	
				Cindy Wilkinson	Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and	P-Jan 05	
					T :	computer systems training.	A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for	P-Mar 05	
						more difficult FSTs.	A-Jul 05	
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-May 05	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 R-Jan 06	
					Memo	P1.7.2.h Memo describing expert	A-Jan 06	
					disseminated	facilitator access protocol and expert	P-Apr 05 R-Jan 06	
					disseminated	facilitator duties distributed to all staff.	A-Jan 06	
				P1.7.3 Strengthen		P1.7.3.a Circuit Managers monitored	P-Mar 05	
				policy and practice		outcomes through PRR tool.	A-Mar 05	
				relating to concurrent planning.	Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement	P-May 05	
				praning.	pians	plans.	A- Jul 05	
				Cindy Wilkinson	Training curriculum and	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-	P-May 06	
					revised child welfare manual	Service Module training and child welfare manual.	A-May 06	
				P1.7.4 Increase collaboration with	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
				courts by providing cross training to judiciary, court staff, GALs and Children's Division staff on		P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	
						P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04	
					Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary,	P-Mar 04	
						court staff, GAL's and CD staff.	A-Mar 04	

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	•			Benchmark	Goal
	A	N/A						
				with state and federal regulations.		P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
				Cindy Wilkinson	Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
Item 8: Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'l Standard 76.2% or more MO FFY 2003 AFCARS Baseline 59.8% AFCARS Goal 62.2% (Based on Federal formula for goal setting). 6th quarter performance based on quarterly outcomes report = 69.7 % not AFCARS. AFCARS data not available.					P-Dec 2006 A-
				P1.8.1 Address permanency and	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Feb 05	
				services needs of children in Legal Status 2, 3, and 4	Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05 A-Apr 05	
				Bonnie Washeck	Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4	P-Apr 05	
						cases.	A-May 05	

	Program Improvement Implementation										
1			2	3	4	5	6	7			
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement			
and Item(s) Contrib	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal			
Non-Conformity			Improvement				Deficilitation	Goai			
	A	N/A									
					Summary of	P1.8.1.d CD met with DLS and OSCA	P-Apr 05				
					meeting decisions	to determine legal obligations related					
						to legal status 2, 3, and 4 children.	A-Aug 05				
						P1.8.1.e Revise AFCARS population	P-Apr 05				
						if necessary.	A-Jul 05				
					Protocol	P1.8.1.f Developed policy and	P-July 05				
					developed	protocol on worker duties related to	R-May 06				
						legal status 2, 3, and 4 cases.	A-May 06				
					Comparison data	P1.8.1.g Caseload analysis	P-Sept 05				
						(comparison to LS1) completed Legal					
						status 2, 3, and 4.	A-Oct 05				
					PRR	P1.8.1.h Incorporated Legal status 2,	P-Oct 05				
						3, and 4 cases into established Peer					
						Record Review process.	A-Oct 05				
				P1.8.2 Establish		P1.8.2.a See S2.3.4.a.					
				procedures to access		P1.8.2.b See S2.3.4.b.					
				various service							
				funding streams.							
				Bonnie Washeck		D1 0 0 0 0 D1 5 1					
				P1.8.3 Ensure		P1.8.3.a See P1.7.1.a	-				
				frequency and		P1.8.3.b See P1.7.1.b	1				
				timeliness of Family		P1.8.3.c See P1.7.1.c					
				Support Team							
				Meetings occurs per							
				policy.							
				Kathryn Sapp							
				Cindy Wilkinson							
				P1.8.4 Improve quality		P1.8.4.a See P1.7.2.a					
				of Family Support		P1.8.4.b See P1.7.2.b	1				
				Teams to assure the		P1.8.4.c See P1.7.2.c	1				
				review of permanency		P1.8.4.c See P1.7.2.c P1.8.4.d See P1.7.2.d	1				
				goal.		P1.8.4.d See P1.7.2.d P1.8.4.e See P1.7.2.e	-				
				5041.			-				
				Kathryn Sapp		P1.8.4.f See P1.7.2.f	-				
				Cindy Wilkinson		P1.8.4.g See P1.7.2.g	-				
						P1.8.4.h See P1.7.2.h					

	Program Improvement Implementation									
1			2	3	4	5	6	7		
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement		
and Item(s) Contrib Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal		
Non-Comorning	٨	NT/A	mprovement							
	A	N/A		P1.8.5 Increase		P1.8.5.a See P1.7.4.a				
				collaboration with		P1.8.5.b See P1.7.4.b				
				courts by providing		P1.8.5.0 See P1.7.4.0 P1.8.5.c See P1.7.4.c				
				cross training to new		P1.8.5.d See P1.7.4.d				
				judiciary, court staff,		P1.8.5.e See P1.7.4.e				
				Children's Division		P1.8.5.f See P1.7.4.f				
				staff and GAL's on		F1.8.3.1 See F1.7.4.1				
				ASFA & Permanency						
				hearings consistent						
				with state and federal						
				regulations						
				Cindy Wilkinson						
				P1.8.6 Increase	Contract	P1.8.6.a Contract developed to	P-Apr 04			
				collaboration with	developed	provide training.	A-Apr 04			
				courts by providing	Meeting minutes	P1.8.6.b Meeting held to discuss roles	P-Dec 04			
				cross training to		and responsibilities of CD and				
				judiciary, court staff,		Juvenile Officers.	A-Oct 04			
				GAL's and Children's Division staff	Training agenda	P1.8.6.c Training provided to	P-May 05			
						judiciary, court staff, GAL's and CD				
				regarding roles and responsibilities.		staff	A Mar. 05			
				responsionnies.			A-May 05			
				Cindy Wilkinson						
				P1.8.7 Collaborate	Meeting Minutes	P1.8.7.a Meeting held (with OSCA,	P-Mar 05			
				with OSCA to explore	1.100dille ivilliates	CD, and DLS) to look at existing data	1 11111 05			
				barriers that would		and practices to identify problem areas	A-Oct 04			
				allow Juvenile Courts		and barrier to expeditious				
				to enter temporary		guardianship, including legislative and				
				custody orders and		policy change.				
				transfer jurisdiction to	Proposal drafted	P1.8.7.b Proposal drafted for	P-Mar 05			
				Probate & Circuit		legislative change.	A-Oct 04			
				Courts to expedite		P1.8.7.c Written proposal reviewed by	P-Mar 05			
				guardianship.		OSCA, CD and DLS.	A-Sept 04			
				Jim Harrison		P1.8.7.d Proposal finalized and	P-Mar 05			
						presented to Department for				
		<u> </u>				legislative change.	A-Jan 05			

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or Syster			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody.	P-Oct 05 A-Oct 05	
				change referred in P1.8.7.		P1.8.8.b See P1.6.1a		=
				P1.8./.		P1.8.8.c SeeP1.6.1b		-
				Jim Harrison		P1.8.8.d See P1.6.1c		=
				Lesley Pettit		P1.8.8.e See P1.6.1d		-
Item 9:	X		Adoption	-		P1.8.8.f See P1.6.1e		P- Dec 2006
Adoption	X		Adoption Nat'l Standard 32% or more MO FFY 2003 AFCARS Baseline 38.5% Goal achieved					P- Dec 2006
				P1.9.1 Termination of	Data report	P1.9.1.a.Examine TPR data from	P-Feb 05	
				Parental Rights will be		current information system.	A-Feb 05	
				filed in a timely manner, except when compelling reasons are documented.	Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-Jul 05	
				Cindy Wilkinson Kathryn Sapp	Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
					Policy disseminated	P1.9.1.d Policy disseminated to staff and supervisory oversight	P-Aug 05 R-Mar 06 A-May06	
						P1.9.1.e Incorporated into BASIC training.	P-Jun 05 R-Mar 06 A-Mar 06	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	

	Program Improvement Implementation									
1			2	3	4	5	6	7		
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement		
and Item(s) Contrib Non-Conformity	outing	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal		
	A	N/A								
						P1.9.1.g Incorporated into Advanced	P-May 06			
						FCOOHC In-service module training.	A-May 06			
				P1.9.2 Increase	Performance	P1.9.2.a See P1.6.5.a				
				number of resource	based contracts	P1.9.2.b See P1.6.5.b				
				families.	and outcome	P1.9.2.c See P1.6.5.c				
				C' 1 W'11 in an	reports	P1.9.2.d See P1.6.5.d				
				Cindy Wilkinson		P1.9.2.e See P1.6.5.e				
				P1.9.3 Increase	Request for	P1.9.3.a RFP written for performance	P-Sep 04			
				capacity to conduct	Proposal	based case management contracts	A-Sep 04			
				home studies and	Workload staffing	P1.9.3.b Conducted a workload	P-Mar 05			
				finalize adoptions.	analysis	staffing analysis to determine staffing				
				Cindy Wilkinson		need for completing home studies and	A-Mar 05			
				Cilidy Wilkinson	A	finalized adoptions.	D.M 05			
					Award letters	P1.9.3.c Awarded performance based case management contracts	P-Mar 05 A-Jun 05			
					Staffing report	P1.9.3.d Committed additional staff	A-Juli 05 P-Jul 05			
					Starring report	(private or public) as needed per	r-Jul OS			
						available resources.	A-Aug 05			
				P1.9.4 Improve access		P1.9.4.a DLS identified plan to fill	P-Jul 04			
				to legal representation		vacant FTE's or contract for attorneys.	A-Jul 04			
				for CD staff		P1.9.4.b Additional attorneys hired	P-Sep 04			
						and placed.	A-Sep 04			
				Jim Harrison	Establish	P1.9.4.c CD/DLS established a work	P-Mar 05			
					workgroup	group to develop a protocol for CD				
						staff to access DLS attorneys or	A-Apr 05			
						contractors.				
					Develop draft	P1.9.4.d Draft Protocol developed.	P-Apr 05			
					protocol		A-Apr 05			
						P1.9.4.e CD legal representation at	P-July 05			
						court hearings monitored by CD/DLS	Ongoing			
					Draft joint memo	joint committee for improvement. P1.9.4.f Draft joint memo with DLS to	A-Jul 05 P- Jul 05			
					Dian Joint memo	assist CD staff in developing a clearer	r - Jui US			
						understanding on how to access legal	A-Jul 05			
						services.	11-301 03			
					Memo	P1.9.4.g Memo and Protocol	P-Oct 05			
					disseminated	disseminated to staff and adopted.	A-Sep 05			

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib	buting	; to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefillark	Goar
	Α	N/A						
Item 10: Other		X	Baseline 63.6%		PRR V-22			P-Dec 2006
planned living					Youth 16 or older			
arrangement			6th quarter results		have an ILP plan			A-
			for PRR V-22 =		documented in the			
			51.9%		case record (CS-1 Att.)			
			Goal = 66.4%		Au.)			
			G0a1 = 00.470		PRR V-21			
			The goal has been		Youth 16 or over,			
			achieved for PRR		are participating			
			V-21.		in or have			
					completed ILP			
					classes			
				P1.10.1 Increase		P1.10.1.a See P1.6.5.a		
				number and quality of		P1.10.1.b See P1.6.5.b		
				resource families for		P1.10.1.c See P1.6.5.c		
				older youth		P1.10.1.d See P1.6.5.d		
				Cindy Wilkinson		P1.10.1.e See P1.6.5.e		
				Cilidy Wilkinson	Discuss	P1.10.1.f Met with IL Specialists to	P-Mar 05	
					recruitment	discuss strategies on recruitment		
					activities	activities for locating homes for older youth.	A Mon 05	
					Recruitment	P1.10.1.g Met with IL Specialists to	A-Mar 05 P-Jun 05	
					activities report	report on community recruitment	r-Juli 05	
					activities report	activities.	A-Jun 05	
						P1.10.1.h Incorporated Ready, Set,	P-Sep 05	
						Fly curriculum and Chafee video into		
						foster parent training.	A-Sep 04	
				P1.10.2 Increase	Distribute ETV	P.1.10.2.a Increased awareness of	P-Jan 04	
				awareness of Chafee	material	Education and Training Voucher		
				program services to		Program through distributing		
				staff and community		information material to secondary and	A-Jan 04	
				members	X7 1 0	higher education programs	D 1 1 04	
				Cin de William	Youth conference	P1.10.2.b State Youth Advisory Board	P-July 04	
				Cindy Wilkinson		(SYAB) designed and hosted annual	annually	
						youth empowerment conference	A-July 04 Annually	
	L	L		<u> </u>			Annually	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	<i>- - - - - - - - - -</i>		Improvement	Trouble Steps	1/1045 01 01110110		Benchmark	Goal
	A	N/A						
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies.	P- Mar 04 Ongoing A-Mar 04 Ongoing	
					Write and disseminated memo	P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services.	P-May 05 A-Sep 05	
					Distributed ETV poster	P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05 A-Aug 05	
				P1.10.3 Increase program accessibility to provide life skills	Implement Pre- ILP Training curriculum	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum for youth 14-15.	P-June 04 A- June 04	
				training services for older youth Cindy Wilkinson	Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 Annually	
					Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05 A-Feb 05	
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker	P-Feb 05 A-Feb 05	
					CD memo	positions P1.10.3.f CD memo written and disseminated to staff involving ILP	P-May 05	
						staff in the case planning process for	A-Sep 05	

				Program In	nprovement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Benchmark	f Achievement Goal
Non-Conformity		Вененник					Gour	
	A	N/A						
						older youth and referring age appropriate youth for Chafee services		
Permanency Outcome P2:								
Item 11: Proximity of foster care placement	X							
Item 12: Placement with siblings		X	Baseline 85.6 6th quarter PRR results = 84.2 % Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-
				P2.12.1 Increase the number of siblings placed together Kathryn Sapp	Policy developed Policy enhancement	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode. P2.12.1.b Enhanced policy addressing the continual need for maintaining	P-Aug 04 A-Aug 04 P-Aug 04	
					PRR results &	sibling relationship. P2.12.1.c Circuit Managers monitored	A-Aug 04 P-Feb 05	
					Improvement	quarterly PRR results and	Ongoing	
					plans	improvement plans developed.	Quarterly A-Ongoing	
					Recommendations from workgroup	P2.12.1.d Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05 A-Nov 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	Action Steps	Wicasurement		Benchmark	Goal
	A	N/A						
					Draft policy	P2.12.1.e Developed policy requiring	P-Apr 06	
						a FST prior to separating siblings.	A-Apr 06	
					Policy	P2.12.1.f Policy disseminated to staff	P-May 06	
					disseminated	on FST	A-May 06	
					Supervisory	P2.12.1.g Developed supervisory	P-May 06	
					sibling case	sibling case review process to review		
					review	cases after siblings are separated after	A-May 06	
				P2.12.2 Develop an		30 days. P2.12.2.a Emphasis on the importance	P-Nov 05	
				ongoing training		of sibling bonds, long term effects of	F-140V 03	
				module regarding		separation, and importance of		
				sibling placements for		visitation, parentified child and sibling	A-Dec 05	
				staff, foster parents,		rivalries incorporated into foster	11 200 05	
				and juvenile court		parent training.		
				staff.		P2.12.2.b See P1.7.4.a		
						P2.12.2.c See P1.7.4.b		
				Jeff Adams		P2.12.2.d See P1.7.4.c		
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
						P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.h Emphasis on the importance	P-May 06	
						of sibling bonds, long term effects of		
						separation, and importance of		
						visitation, parentified child and sibling	A-May 06	
						rivalries incorporated into BASIC and		
						advanced FCOOHC In-Service		
				D2 12 2 In a		training module.		
				P2.12.3 Increase		P2.12.3.a See P1.6.5.a		
				capacity for resource families that accept		P2.12.3.b See P1.6.5.b		
				sibling groups.		P2.12.3.c See P1.6.5.c P2.12.3.d See P1.6.5.d		
				storing groups.		P2.12.3.d See P1.6.5.d P2.12.3.e See P1.6.5.e		
				Cindy Wilkinson		1 2.12.3.0 See F1.0.3.0		

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contrib	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement					
Y 40 YY 11	Α	N/A	D 11 00 101					D.D. 2004
Item 13: Visiting		X	Baseline 89.4 %		Parents' visits			P-Dec 2006
with parents and siblings in foster			6th quarter PRR		monitored through PRR			
care.			results = 85.5%		Question V-13.			A-
carc.			103u1ts = 05.5 / 0		There is a current			A-
			Goal 90.3%		visitation plan in			
			(Goal established is		place to facilitate			
			calculated by taking		reunification.			
			the average of 8					
			quarters		Sibling visits			
			performance in 2003		monitored			
			and 2004 and adding 1% of the		through Peer Record Review			
			average to measure		question V-4:			
			improvement).		Siblings are			
					placed together or			
			Baseline 85.6%		there is ongoing			
					visitation.			
			6th quarter PRR results = 84.2%					
			Goal 89.9%					
			(Goal established is					
			calculated by taking					
			the average of 8					
			quarters					
			performance in 2003					
			and 2004 and adding 5% of the					
			average to measure					
			Improvement).					
			F	P2.13.1 Increase	Recommendations	P2.13.1.a Visitation Workgroup	P-Nov 05	
				frequency and quality of parent/child and	from workgroup	presented recommendations on preserving sibling ties.	A-Nov 05	
				sibling visits.	Policy revision	P2.13.1.b Revised policy to improve	P-Apr 06	
						qualitative and quantitative visitation	A-Apr 06	
				Cindy Wilkinson		plan requirements.	_	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or Syste			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement		1/1045020110110		Benchmark	Goal
	A	N/A						
						P2.13.1.c Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Jul 06 A-Jun 06	
					PRR	P2.13.1.d Incorporated revisions into PRR tool.	R-Jul 06 A-Jun 06	
					Quarterly data reports	P2.13.1.e Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 06	
					Practice improvement	P2.13.1.f Circuit Managers assisted by the PET teams developed practice	P-Oct 06	
					plans developed	improvement plans using all available data for guidance.	A-	
Item 14: Preserving		X	Baseline 25.9%		Relative Placement	_		P-Dec 2006
connections			Goal 27.2%		CD-Outcomes #17. Increase the			A-Apr 2006
			The average performance for		number of children placed			
			the past two quarters has meet		with relative providers (LS 1-4)			
			and exceeded the goal.		Previous data only captured LS 1			
			Baseline 83%		children.			
			Daseinie 65 70		PRR V-1			
			6th quarter results for PRR = 84.4 %		Consideration was given to relatives or kin for			
			Goal 87.2% Goal established is		placement.			
			calculated by taking					
			the average of 8 quarters					
			performance in 2003 and 2004 and					
			adding 5% of the average to measure					
			improvement.					

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	outing		Improvement	Action Steps	Weasurement		Benchmark	Goal
	Α	N/A						
				P2.14.1 Increase emphasis on preserving familial and	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05 A-Jan 06	
				community connections for		P2.14.1.b Submitted evaluation recommendations to administration.	P-July 05 A-Jan 06	
						P2.14.1.c Based on results of Family to Family evaluation and review of	P-Aug 05	
						other state's best practices determined statewide applicability.	A-Jan 06	
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-Apr 06	
				P2.14.2 Improve diligent search for relatives/missing		P2.14.2.a See P1.6.2.a P2.14.2.b See P1.6.2.b P2.14.2.c See P1.6.2.c		
				parents Bonnie Washeck		P2.14.2.d See P1.6.2.d		
				P2.14.3 Revise ICWA policy	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
				Cindy Wilkinson Kathryn Sapp	CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and	P-May 05	
						family assessment (CD-14) tools.	A-Apr 05	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD	P-Aug 05	
					DDD	staff.	A-Dec 05	
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-Mar 05	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-Jun 05	
Item 15: Relative		X	Baseline 25.9%		Relative Placement			P-Dec 2006
placement			6th quarter		monitored			A-

	Program Improvement Implementation										
1			2	3	4	5	6	7			
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement			
and Item(s) Contri	buting	g to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal			
Non-Conformity		T · ·	Improvement				20110111111111	0041			
	A	N/A			1 1 1						
			Outcome		through the number of						
			Reports results = 28.7%*		children placed						
			40. 1 70		with relative						
			Goal achieved		provider in legal						
			Gour deme ved		status 1-4						
			Goal 27.2%								
			(Goal established is		Monitored						
			calculated by taking		through Peer						
			the average of 8		Record Review						
			quarters		question V-1:						
			performance in 2003 and 2004 and		Consideration was given to relatives						
			adding 5% of the		or kin for						
			average to measure		placement						
			improvement).		placement						
			r								
			Baseline 83.0%								
			6th quarter PRR								
			results = 84.4%								
			Goal 87.2%								
			(Goal established is								
			calculated by taking								
			the average of 8								
			quarters								
			performance adding								
			5% of the average to								
			measure								
			improvement).	DO 15 1 I		P0 15 1 G P1 6 1					
				P2.15.1 Increase		P2.15.1.a See P1.6.1.a	4				
				system capacity to accurately track		P2.15.1.b See P1.6.1.b P2.15.1.c See P1.6.1.c	4				
				placement kinship			4				
				vendor types.		P2.15.1.d See P1.6.1.d	1				
						P2.15.1.e See P1.6.1.e					
				Lesley Pettit							

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril	buting	; to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity	1 .	37/4	Improvement					
	A	N/A		D2 15 2 I		D2 15 2 . C . D1 C2 .		
				P2.15.2 Improve diligent search for		P2.15.2.a See P1.6.2 a	-	
				relatives/missing		P2.15.2.b See P1.6.2.b	-	
				parents.		P2.15.2.c See P1.6.2.c P2.15.2.d See P1.6.2.d	+	
				parents.		F2.13.2.d See F1.0.2.d		
				Cindy Wilkinson				
				P2.15.3 Evaluate		P2.15.3.a See P1.6.7.a		
				support and training		P2.15.3.b See P1.6.7.b]	
				provided for		P2.15.3.c See P1.6.7.c		
				relative/kinship				
				resource families				
				C' - 1 - W''II '				
				Cindy Wilkinson Jeff Adams				
Item 16:		X	Baseline 91.0%	Jen Adams	Parent Visits			P-Dec 2006
Relationship of		1	Dascinic 71.070		monitored			1-Dec 2000
child in care with			6th quarter PRR		through Peer			A-Apr 2006
parents			results = 89.0%		Record Review			1
					question V-3:			
			Goal 91.9%		The child is			
			(Goal established is		placed in close			
			calculated by taking		proximity to			
			the average of 8		his/her family.			
			quarters					
			performance in 2003 and 2004 and					
			adding 1% of the					
			average to measure					
			improvement).					
			,	P2.16.1 Improve		P2.16.1.a See P1.6.2.a		
				diligent search for		P2.16.1.b See P1.6.2.b	1	
				non-custodial parent.		P2.16.1.c See P1.6.2.c		
						P2.16.1.d See P1.6.2.d		
				Bonnie Washeck				
				P2.16.2 Improve	PRR Outcomes	P16.16.2.a See S2.3.2.a	4	
				engagement of non-		P16.16.2.b See S2.3.2.b	1	
		<u> </u>		custodial parents in		P16.16.2.c See S2.3.2.c		

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contrib	uting	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Вененник	Gour
	A	N/A						
				case planning by		P16.16.2.d See S2.3.2.d		
				strengthening		P16.16.2.e See S2.3.2.e		
				worker/supervisor		P16.16.2.f See S2.3.2.f		
				skills in engaging families in the				
				assessment, case				
				planning and case plan				
				review process.				
				Increase parent,				
				caregiver (alternative				
				care provider) and				
				child involvement in				
				case assessment, plan				
				development and				
				reassessment.				
				Kathryn Sapp				
Well Being				каштуп зарр				
Outcome 1								
Families have								
enhanced								
capacity to								
provide for								
children's needs								
Item 17: Needs		X	Baseline 89.4%		PRR IV-13			P-Dec 2006
and services of			Cil		Services being			
child, parents,			6th quarter PRR results = 88.0%		provided to the family are			A-
foster parents			resurts = 80.0%		adequate to meet			
			Goal 90.3%		their needs as			
			3041 70.370		identified in the			
					assessment.			
					Previously PRR			
					III-3 and III-10			
					were used.			
				WB1.17.1 Improve		WB1.17.1.a See S2.3.1.a		
				family assessment and		WB1.17.1.b See S2.3.1.b		

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				case plan tools to		WB1.17.1.c See S2.3.1.c		
				better link service		WB1.17.1.d See S2.3.1.d		
				provision to the needs		WB1.17.1.e See S2.3.1.e		
				of the bio family		WB1.17.1.f See S2.3.1.f		
				identified in the initial		WB1.17.1.g See S2.3.1.g		
				and ongoing assessments.		WB1.17.1.h See S2.3.1.h		
				assessincins.				
				Kathryn Sapp				
				<i>y</i>	Per 4 th quarter			
					renegotiation,			
					PRR IV-15 has			
					been removed.			
				WB1.17.2 Strengthen		WB1.17.2.a See S2.3.2.a		
				workers skills in		WB1.17.2.b See S2.3.2.b		
				engaging families in		WB1.17.2.c See S2.3.2.c		
				the assessment, case planning and case plan		WB1.17.2.d See S2.3.2.d		
				review processes to		WB1.17.2.e See S2.3.2.e	1	
				increase parent,		WB1.17.2.f See S2.3.2.f		
				caregiver (alternative				
				care provider) and				
				child involvement in				
				case assessment, plan				
				development and				
				reassessment.				
				Madama Ca				
				Kathryn Sapp WB1.17.3		WD1 17 2 o See S1 2 2 o		
				Implementation of		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b	1	
				"Confirming Safe		WB1.17.3.0 See S1.2.2.0 WB1.17.3.c See S1.2.2.c	1	
				Environments" to		WB1.17.3.d See S1.2.2.d	1	
				reduce the risk for		WB1.17.3.e See S1.2.2.e	1	
				children in		WB1.17.3.f See S1.2.2.f	1	
	L	1				11 D1.17.3.1 DOC D1.2.2.1	<u> </u>	1

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri	buting	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity		37/4	Improvement					
	A	N/A		C . /1 . 1 .				
				foster/kinship care to identify needs of child and providers.				
				Cindy Wilkinson				
Item 18: Child		X	Baseline 74.1%		Monitored			P-Dec 2006
and family					through Peer			
involvement in case planning.			6th quarter PRR results = 74.6 % Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and		Record Review question IV-8: The family participated in the development of and signed the service plan.			A-
			adding 5% of the average to measure improvement).					
			improvement).	WB1.18.1 Maximize		WB1.18.1.a See S2.3.2 a		
				parental/family		WB1.18.1.b See S2.3.2 b	-	
				participation in Family		WB1.18.1.c See S2.3.2 c	1	
				Support Team		WB1.18.1.d See S2.3.2 d	1	
				Meetings.		WB1.18.1.e See S2.3.2 e	1	
						WB1.18.1.f See S2.3.2 f		
				Bonnie Washeck	Protocol	WB1.18.1.g Established a protocol for	P-Aug 05	
					established	accessing division staff outside of		
						regular working hours.	A-Aug 05	
				WB1.18.2 Improve the		WB1.18.2.a See P1.7.2a		
				quality of Family		WB1.18.2.b See P1.7.2b]	
				Support Team		WB1.18.2.c See P1.7.2c]	
				Meetings.		WB1.18.2.d See P1.7.2d]	
						WB1.18.2.e See P1.7.2e	1	
				Kathryn Sapp		WB1.18.2.f See P1.7.2f	1	
				Cindy Wilkinson		WB1.18.2.g See P1.7.2g	1	
						WB1.18.2.h See P1.7.2h		

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
,	Α	N/A	1					
				WB1.18.3 Review and further develop a		WB1.18.3.a Collected parent handbooks used by various circuits.	P-Aug 05 A-Aug 05	
				handbook, to be distributed at the point	Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-Sep 05	
				of removal, to educate parents on their rights	Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-Jan 06	
				and responsibilities, court procedures, etc.	Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 R-Jun 06 A-Jun 06	
				Cindy Wilkinson	Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-Jul 06 A-Jul 06	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-	
Item 19: Worker visits with child – improve quantity and quality		X	The goal has been achieved for PRR V-16.		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
			•	WB1.19.1 Develop policy addressing the	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-Feb 05	
				quality of visits to incorporate case	Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
				planning, service delivery and goal attainment.	Workgroup recommendations	WB1.19.1c Visitation Workgroup presented recommendations on how visitation is critical in timely reunification to executive staff.	P-Nov 05 A-Nov 05	
				Bonnie Washeck	Recommendations reviewed	WB1.19.1.d Recommendation reviewed by executive staff.	P-Jan 06 A-Jan 06	
					Policy draft	WB1.19.1.e Policy drafted.	P-Apr 06 A-Apr 06	
					Policy disseminated	WB1.19.1.f Policy disseminated to staff	P- May 06 A-Jun 06	

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	Jutilig	, 10	Improvement	redon steps	Wedstrement		Benchmark	Goal
	A	N/A						
						WB1.19.1.g Training began on policy enhancements staff and foster parents.	P-Jul 06 A-Jul 06	
						WB1.19.1.h Utilize Practice Enhancement Teams (PET) to support protocols.	P-Jul 06 A-Jul 06	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-Aug 05	
				out-of-home cases. Cindy Wilkinson	PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-Aug 05	
				Kathryn Sapp	Practice Improvement	WB1.19.2.c Circuit Managers assisted by PET to develop practice	P-Sep 05	
				WP4 40 2 F 11	plans	improvement plans.	A-Sep 05	
				WB1.19.3 Tracking system to track worker visits (date/site).		WB1.19.3.a Reviewed the FCS section of the Family Satisfaction survey on monthly worker visits with the family.	P-Feb 06 A-Feb 06	
				Jim Harrison		WB1.19.3.b Reviewed the youth portion of the Family Satisfaction survey on bi-monthly worker visits with the out-of-home care child.	P-Feb 06 A-Feb 06	
						WB1.19.3.c PET teams annually analyzed family satisfaction survey data	P-Apr 06 A-Apr 06	
						WB1.19.3.d Worked with ITSD staff to include worker visit information	P-May 06	
						(with child, parents, foster parents) and sibling visits in the Outcome Reports when converted to SACWIS.	A-May 06	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System	nic Fa	ctors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Delicilliark	Goai
	Α	N/A						
Item 20: Worker Visit with parent(s).		X	Baseline 85.3% 6 th quarter PRR results = 84.2% Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006 A-
			improvementy.	WB1.20.1 Strengthen worker relationships with biological or adoptive parents. Bonnie Washeck	Protocols established Revise PRR	WB1.20.1.a Protocols established in WB1.19.1g included in all resource parent training WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment WB1.20.1.c See S2.3.2.a	P-May 05 R-Jul 06 A-Jul 06 P-Jun 05 A-Jun 05	
						WB1.20.1.d See S2.3.2.b WB1.20.1.e See S.2.3.2.c WB1.20.1.f See S.2.3.2.d WB1.20.1.g See S.2.3.2.e WB1.20.1.h See S2.3.2.f		

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contril Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3 a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment. b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases. c. WB1.19.3 Tracking system to track worker		WB1.20.2.a See WB1.19.1.a-f WB1.20.2.b See WB1.19.2 a-c		
				visits (date/site).		WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet their educational needs								
Item 21: Children receive appropriate services to meet their educational needs		Х	Baseline 95.6% 6th quarter PRR results = 94.9% Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006 A-Feb 2006

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	outing	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A	•					
			in 2003 and 2004 and adding 1% of the average to measure improvement.)					
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts. Kathryn Sapp	Protocol developed Education liaisons Circuit Self Assessment Written local plans Written State plan	wB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's. wB2.21.1.b Designated an education liaison at the state level. wB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care. wB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable. wB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Mar 05 A-Apr 05 P-May 05 A-May 05 P-May 05 A-Jul 05 P-May 05 A-Jul 05 P-May 05 A-Jul 05	
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools. Kathryn Sapp Cindy Wilkinson WB2.21.3 Decrease the incidence of educational neglect, truancy and	Protocols developed Residential Facility contracts	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment. WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts. WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect,	P-Jun 05 A-Jun 05 P-Jun 05 R-Jan 06 A-Feb 06 P-Apr 05 A-Apr 05	
				suspension of children in care.		truancy and suspension of children in care.		

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A	_					
				Cindy Wilkinson Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe	P-Oct 05	
						School Act.	A-Nov 05	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school	P-Nov 05	
						districts.	A-Feb 06	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-Feb 06	
				WB2.21.4 Decrease the incidence of		WB2.21.4.a Consulted with National Resource Center on Child	P-Apr 05	
				educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	A- Apr 05	
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol	WB2.21.4.d Protocol developed for	P-Oct 05	
					developed	accessing early interventions for students at risk for educational neglect, truancy and suspension.	A-Nov 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	Res Toward Achieving Goal Dates of Achievement Benchmark Goal P-Oct 05 A-Nov 05 A-Feb 06 P-Dec 05 A-Feb 06 P-Dec 05 A-Feb 06 A-Feb 06 P-Dec 05 A-Feb 06 P-Dec 05 A-Feb 06 A-Feb 06 P-Dec 2006 A-Feb 2006	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of Achievement	
and Item(s) Contrib Non-Conformity	outing	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
Non-Comornity	A	N/A	mprovement					
	A	IN/A			Protocol	WR2 21 / e Protocol developed for	P-Oct 05	
					developed	children expelled due to the Safe	1-0000	
					acveropea	School Act.	A-Nov 05	
					Protocols	WB2.21.4.f Protocols distributed.		
					disseminated		A-Feb 06	
						WB2.21.4.g Protocols incorporated		
						into BASIC training.	A-Feb 06	
Well-Being 3								
(WB3): Children								
receive adequate								
services to meet their physical and								
mental health								
needs.								
Item 22:		X	Baseline 96.9%		PRR V-17: The			P-Dec 2006
Physical health		71	Buseline 70.770		physical needs of			1 Dec 2000
of the child			6th quarter PRR		the child are being			A-Feb 2006
			results = 95.7%		met.			
			Goal 97.8%					
			(Goal established is					
			calculated by taking					
			the average of 8					
			quarters					
			performance in 2003 and 2004 and					
			and 2004 and adding 1% of the					
			average to measure					
			improvement.					
			impro rementi	WB3.22.1 Increase	Circuit Self	WB3.22.1.a Circuits identified	P-Mar 05	
				ability of Children's	Assessment	available local dental resources.		
				Division staff and	Dental	WB3.22.1.b Dental coordinator		
				families to access	coordinator list	assigned to each region (local level) to		
				available dental		identify barriers and facilitate access	A-Jul 05	
				resources.		to dental providers.		
				D ' W 1 1	Notification letter	WB3.22.1.c Notified dental providers	P-Aug 05	
				Bonnie Washeck		of regional dental coordinators.	A-Aug 05	

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	James		Improvement	riction steps	Tyreas are ment		Benchmark	Goal
	A	N/A	-					
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-Nov 05	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-Apr 05	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 R-Dec 05 A-Dec 05	
				Bonnie Washeck	Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 R-Jan 06 A-Feb 06	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-Feb 06	
Item 23: Mental health needs of the child		X	Baseline 96.4% 6 th quarter PRR results = 95.0% Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006 A-

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				WB3.23.1 Increase the ability of Children's Division staff and	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04 A-Aug 04	
				families to access available mental health resources.	Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated. WB3.23.1.c See S2.3.5	P-Jan 05 A-Jan 05	
				Jim Harrison	Written plan	WB3.23.1.d Mental Health Coordinators convened teams to	P-May 05	
						identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	A-May 05	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS)	P-Aug 05	
						assessed and developed plan to reduce administrative burden on Medicaid providers.	A-Aug 05	
				WB.3.23.2 Increase		WB3.23.2.a See P1.6.3.a		
				awareness of staff and foster parents regarding attachment and mental health		WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi- annually	
				issues.		WB3.23.2.c Increased the number of	P-Sep 04	
				Cindy Wilkinson		staff and foster parents trained on Grief and Loss (See Training Matrix).	A-Sep 04 ongoing semi- annual	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-Apr 05	

	Program Improvement Implementation										
1			2	3	4	5	6	7			
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement			
and Item(s) Contrib	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal			
Non-Conformity			Improvement				Benefilmark	Goar			
	Α	N/A									
				intact families.	Practice	WB3.23.3.b Circuit Managers	P-Apr 06				
				TZ .1	improvement	evaluated SCRT results and developed	ongoing				
				Kathryn Sapp	plans	practice improvement strategies as needed.(See S2.3.3 a-f)	quarterly R-Nov 06				
						needed.(See S2.5.5 a-1)	A-				
Systemic							71				
Factors											
Item 24: System	X										
can identify the											
status,											
demographic											
characteristics,											
location and goals of children											
in foster care.											
Item 25:		X	Baseline 74.1%		Monitored			P-Dec 2006			
Provides a			Edgellie 7 11170		through Peer			1 200 2000			
process that			6 th quarter PRR		Record Review			A-			
ensures that each			results = 74.6%		question IV-8.						
child has a					The family						
written case plan			Goal 77.8%		participated in the						
to be developed			(Goal established is		development and						
jointly with the child's parent(s)			calculated by taking the average of 8		signed the service plan.						
that includes the			quarters		pian.						
required			performance in 2003		Previous						
provisions.			and 2004 and		measurement						
1			adding 5% of the		PRR IV-15						
			average to measure								
			improvement.								
				25.1 Improve family		25.1.a See S2.3.1.a					
				assessment and case		25.1.b See S2.3.1.b					
				plan tools to better link service provision to		25.1.c See S2.3.1.c					
				the needs of the family		25.1.d See S2.3.1.d					
				identified in the initial		25.1.e See S2.3.1.e					
				and ongoing		25.1.f See S2.3.1.f					
				5 5		25.1.g See S2.3.1.g					

	Program Improvement Implementation										
1			2	3	4	5	6	7			
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement			
and Item(s) Contrib	outing	; to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal			
Non-Conformity			Improvement				Benefimark	Goar			
	Α	N/A									
				assessments.		25.1.h See S2.3.1.h					
				Kathryn Sapp							
				25.2 Strengthen		25.2.a See S2.3.2.a	_				
				worker/supervisor		25.2.b See S2.3.2.b	_				
				skills in engaging		25.2.c See S2.3.2.c					
				families in the		25.2.d See S2.3.2.d					
				assessment, case		25.2.e See S2.3.2.e					
				planning and case plan		25.2.f See S2.3.2.f					
				review process to							
				increase parent,							
				caregiver (alternative							
				care provider) and child involvement in							
				case assessment, plan development and							
				reassessment.							
				Kathryn Sapp							
				25.3 Improve		25.3.a See S2.3.3.a					
				supervisory capacity to		25.3.b See S2.3.3.b	-				
				monitor practice			-				
				linking the assessment		25.3.c See S2.3.3.c	-				
				with the overall plan.		25.3.d See S2.3.3.d	-				
				r		25.3.e See S2.3.3.e					
				Bonnie Washeck		25.3.f See S2.3.3.f					
						25.3.g See S2.3.3.g					
		 		25 4 M		25.3.h See S2.3.3.h					
				25.4 Maximize		25.4.a See P1.6.2.a	4				
				parental/family involvement in Family		25.4.b See P1.6.2.b	4				
						25.4.c See P1.6.2.c	4				
				Support Team Meetings.		25.4.d See P1.6.2.d	4				
				wieetings.		25.4.e See S2.3.2 a	4				
				Bonnie Washeck		25.4.f See S2.3.2 b	4				
				Dolline Washeek		25.4.g See S2.3.2 c	4				
						25.4.h See S2.3.2 d	4				
						25.4.i See S2.3.2 e	1				
						25.4.j See S2.3.2 f					

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	outilig	; 10	Improvement	Action Steps	Wicasurement		Benchmark	Goal
	Α	N/A						
				25.5 Improve staff facilitation skills for Family Support Team Meetings. Jeff Adams	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state. 25.5.b Enhanced/Improved FST skill application for BASIC. 25.5.c Advanced FST skill application integrated into advanced Family- Centered Out-of-Home Service In- Service module.	P-Feb 05 A-Feb 05 P-Feb 05 A-Feb 05 P-May 06 A-May 06	
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06 A-	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004) 6th Quarter performance = 61.0% Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006 A-
				26.1 Revised current policy to clarify an Administrative Review and requirements	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures. 26.1.b Draft policy sent to policy	P-Feb 05 A-Jul 04 P-Mar 05	
				and requirements		review team and management.	A-Aug 04	
				Susan Savage	Policy revision	26.1.c Feedback received and	P-Apr 05	
					Policy	revisions made. 26.1.d New policy distributed to CD	A-Aug 04 P-Jun 05	
					disseminated	staff.	A-Aug 04	

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	Dates of Achievement Ichmark Goal May 05 May 05 Mar 06 Mar 06 May 04 May 05 May 04 May 05 May 05 May 06 May 06 May 07 May 08 May 08 May 09 Ma
and Item(s) Contrib Non-Conformity	outing	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				26.2 Recruit 3 rd party participants for Administrative Reviews	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-Nov 05	
				Cindy Wilkinson		26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 R-Mar 06 A-Mar 06	
				26.3 Increase ability to track 6 month Administrative	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
				Reviews separately from FSTs	CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-Aug 04	
				Cindy Wilkinson	Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.	P-Jan 05 A-Aug 04	
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system. Baseline established on March 31, 2005 86.3%. Goal=88.0% LS 1-3 children on 7/31/06 = 94.0% Goal Achieved					
				27.1 Improve access to		27.1.a See P1.9.4.a		
				legal representation for		27.1.b See P1.9.4.b		

	Program Improvement Implementation									
1			2	3	4	5	6	7		
Outcome or Systemi			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement		
and Item(s) Contribution-Conformity	uting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal		
	A	N/A								
				CD.		27.1.c See P1.9.4.c				
						27.1.d See P1.9.4.d				
				Jim Harrison		27.1.e See P1.9.4.e]			
						27.1.f See P1.9.4.f				
						27.1.g See P1.9.4.g				
						27.1.h See P1.9.4.h				
						27.1.i See P1.9.4.i]			
				27.2 Implement		27.2.a Current curriculum evaluated	P-Apr 05			
				training to develop		by Division of Legal Services.	A-Dec 04			
				testifying skills for CD		27.2.b Obtained technical assistance	P-Jun 05			
				staff.		from DLS, NRC and OSCA.	A-Jul 05			
					Curriculum	27.2.c Based on evaluation and	P-Oct 05			
				Jeff Adams	modified	technical assistance curriculum				
						modified.	A-Oct 05			
						27.2.d Modified curriculum approved.	P-Dec 05			
					Training	27.2.e Modified curriculum	A-Dec 05 P-Mar 06			
					curriculum	incorporated into Basic and OJT for	P-Mar 00			
					Culticuluili	existing staff.	A-Mar 06			
				27.3 Increase the		27.3.a See 27.2.a	71 1/101 00			
				timeliness of 12		27.3.b See 27.2.b	1			
				month Permanency		27.3.c See 27.2.c	1			
				Hearings		27.3.d See 27.2.d	1			
						27.3.e See 27.2.e				
				Cindy Wilkinson	Report on circuits	27.3.f Collaborated with OSCA at the	P-May 05			
				Kathryn Sapp	where issues need	state level to ensure joint				
					to be addressed	accountability for timely court	A-Jun 05			
						hearings and identify circuits where				
						CD and court issues needed to be				
					Workerson	addressed. 27.3.g Developed on-going Court	P-June 05			
					Workgroup participant list	Issues workgroup to monitor	r-June 05			
					participant fist	timeliness of hearings.	A-Aug 05			
						27.3.h Developed local protocols	P-July 05			
						between the court and CD offices to	1 3 dily 03			
						ensure timely hearings.	A-Aug 05			

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Dates of Achievement chmark Goal al 05 al 05 aug 05 apr 06
Non-Conformity	2	,	Improvement	1			Benchmark	Goal
	A	N/A						
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting. 27.3.j Incorporated new FST policy	P-Jul 05 A-Jul 05	
						into BASIC and OJT training for existing staff.	R-Apr 06 A-Apr 06	
				27.4 Provide cross		27.4.a See P1.7.4.a		
				training to judiciary,		27.4.b See P1.7.4.b		
				court staff, GALs and		27.4.c See P1.7.4.c		
				Children's Division		27.4.d See P1.7.4.d]	
				staff on ASFA &		27.4.e See P1.7.4.e		
				Permanency hearings consistent with state and federal regulations. Jeff Adams		27.4.f See P1.7.4.f		
Item 28:		X	Baseline 83.4%		Monitored			P-Dec 2006
Provides a					through PRR V-			
process for			Goal achieved		14:			A-
termination of			C 107.50		TPR has occurred			
parental rights proceedings in accordance with provisions of ASFA.			Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		or been filed when the child has been in Out- of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			
				28.1 Improve access to legal representation for CD.		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c		

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System	nic Fa	ctors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefiniark	Goar
	A	N/A						
						28.1.d See P1.9.4.d		
				Jim Harrison		28.1.e See P1.9.4.e		
						28.1.f See P1.9.4.f		
						28.1.g See P1.9.4.g		
						28.1.h See P1.9.4.h		
						28.1.i See P1.9.4.i		
				28.2 Strengthen		28.2.a See S2.3.2.a		
				worker/supervisor		28.2.b See S2.3.2.b		
				skills in engaging		28.2.c See S2.3.2.c		
				families in the		28.2.d See S2.3.2.d		
				assessment, case		28.2.e See S2.3.2.e		
				planning and case plan		28.2.f See S2.3.2.f		
				review process to				
				increase parent,				
				caregiver (alternative				
				care provider) and child involvement in				
				case assessment, plan				
				development and				
				reassessment.				
				icassessificit.				
				Kathryn Sapp				
				28.3 Termination of		28.3.a See P1.9.1a		
				Parental Rights will be		28.3.b See P1.9.1.b		
				filed in a timely		28.3.c See P1.9.1.c		
				manner, except when		28.3.d See P1.9.1.d		
				compelling reasons are		28.3.e See P1.9.1.e		
				documented.		20.0.0 200 1 1.51110		
				Cindy Wilkinson				
				28.4 Improve diligent		28.4.a See P1.6.2.a		
				search for		28.4.b See P1.6.2.b]	
				relatives/parents		28.4.c See P1.6.2.c]	
						28.4.d See P1.6.2.d		
				Bonnie Washeck				
				28.5 Collaborate with	Draft proposal	28.5.a Proposal drafted.	P-Aug 05	
				OSCA to amend			A-Aug 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity		,	Improvement				Benchmark	Goal
,	Α	N/A	•					
				211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.	Meeting agenda Draft legislation	28.5.b Written proposal reviewed by OSCA and the Department. 28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal. 28.5.d Advocated for proposed legislation.	P-Oct 05 A-Aug 05 P-Nov 05 A-Aug 05 P-Jun 06 A-Jul 06	
Item 29: Provides a process for foster parents, re- adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.		X		Jim Harrison 29.1 Increase ability of foster parents to be notified of and heard in court. Bonnie Washeck	Cross training curriculum	29.1.a Implemented HB 1453. 29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court. 29.1.c Emphasized to staff the importance of including correct names and addresses in court reports. 29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-Aug 04 A-Aug 04 P-Jun 05 A-Jun 05 P-Mar 05 A-Apr 05 P-May 05 A-May 05	P-Dec 2006 - A-
Item 30: Standards to assure quality services and ensure children's safety and health	X							

				Program In	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contri	buting	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefillark	Goai
	A	N/A						
Item 31:	X							
Identifiable QA								
system that								
evaluates the quality of services								
and improvements								
Item 32:	X							
Provision of	11							
ongoing staff								
training that								
addresses the								
necessary skills and knowledge								
Item 33:		X						P-Dec 2006
Ongoing training		Λ						r-Dec 2000
for staff								A-
Tor starr				33.1 Develop		33.1.a Professional Development and	P-Feb 04	11
				supervisory training		Training collaborated with HRC for	1 100 01	
				for front line		on-going supervisors training.	A-Feb 04	
				supervisors.	Training agenda	33.1.b Implemented Module Four of	P-Mar 04	
				1		the CPS Supervisor Training Project.	A-Apr 04	
				Jeff Adams	Training agenda	33.1.c Implemented Module Five of	P-Jul 04	
						the CPS Supervisor Training Project.	A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the	P-Oct 04	
						CPS Supervisor Training Project.	A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training	P-Dec 04	
						Project Debriefing.	A-Dec 04	
					List of trainings	33.1.f HRC supervisor administrative	P-Dec 04	
					offered	pre-service training began for CD	A-Nov 04	
						supervisors.		
					Curriculum	33.1.g Professional Development and	P-July 05	
					developed	Training completed development of	A-Jul 05	
						new supervisor training		
						curriculum/structure including initial		
						and on-going training.	D 4 07	
						33.1.h Training curriculum reviewed	P-Aug 05	
						and approved by CD management.	A-Aug 05	

	Program Improvement Implementation									
1			2	3	4	5	6	7		
Outcome or Systemic l and Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement		
Non-Conformity			Improvement	Action Steps	Wieastrement		Benchmark	Goal		
A	N	N/A								
						33.1.i Professional Development and Training selected one rural and one	P-Aug 05			
						metro field test site.	A-Aug 05			
						33.1.j Professional Development and	P-Sep 05			
						Training field tested curriculum in two	-			
						test sites	A-Sep 05			
					Evaluation report	33.1.k Professional Development and	P-Jan 06			
						Training evaluated field test results	A-Jan 06			
					Curriculum	33.1.1 Professional Development and	P-Jan 06			
					revised	Training, revised curriculum based on				
						evaluation	A-Jan 06			
						33.1.m Professional Development and	P-Jun 06			
						Training implemented curriculum	A-Jul 06			
						statewide.				
				33.2 Develop	Curriculum	33.2.a Professional Development and	P-Oct 04			
				advanced in-service	developed	Training developed advanced in-	A G . 04			
				training module for		service curriculum for investigators	A-Sept 04			
				investigations and		and assessors.				
				assessments		33.2.b CD administration approved	P-Nov 04			
				Jeff Adams		advanced investigation and	A G 0.4			
				Jen Adams	The initial date.	assessment in-service training module.	A-Sept 04			
					Training dates	33.2.c Professional Development and Training began training advanced	P-Jan 05			
						investigation and assessment	A-Sept 04			
						curriculum.	A-Sept 04			
					Curriculum	33.2.d Professional Development and	P-June 05			
					revised	Training evaluated advanced	1 34110 03			
					10 / 1500	investigation and assessment training	A-Jun 05			
						module and made revisions.				
						33.2.e Professional Development and	P-Jul 05			
						Training implemented revised				
						investigation and assessment	A-Jul 05			
						advanced in-service training				
						statewide.				

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	Tionon Stops	1/10/05/01/01/01		Benchmark	Goal
	A	N/A						
				33.3 Develop advanced in-service training module for Family- Centered	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-service training module.	P-Feb 04 A-Feb 04	
					Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-	P-Aug 05	
					de veroped	service curriculum for Family-Centered Services.	A-Aug 05	
						33.3.e CD administration approved advanced Family-Centered Services	P-Aug 05	
						in-service training module.	A-Sep 05	
					Training dates	33.3.f Professional Development and Training began training advanced	P-Sep 05	
						Family-Centered Services curriculum.	A-Oct 05	
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-	P-Mar 06	
						Centered Services training module and made revisions.	A-Feb 06	
						33.3.h Professional Development and Training implemented revised Family-	P-Sep 06	
						Centered Services advanced in-service training statewide.	A-	
				33.4 Develop advanced in-service	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to	P-Jun 04	
				training module for Family- Centered Out- of-Home Care services		develop Family- Centered Out-of- Home Care Services advanced in- service training module.	A-Jun 04	
				Jeff Adams				

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contrib Non-Conformity	uting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A	1					
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced inservice curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-Oct 05	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-Feb 06	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-Feb 06	
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-Mar 06	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-May 06	
				33.5 Enhanced On- The-Job (OJT) Training	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
				Jeff Adams	Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-Mar 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-Jun 05	
					Core team members	33.5.d Created a core team consisting of social work specialists, supervisors, workers and trainer to enhance the provision of On-the-Job Training (OJT).	P-Jan 06 A-Jan 06	
					List of core skills/ competencies	33.5.e Identified core skills/ competencies that CD will expect new staff to have after completing BASIC.	P-Apr 06 A-Apr 06	
					Skill guide	33.5.f Beginning skills guide to be developed for use by supervisors.	P-Apr 06 A-Apr 06	
						33.5.g Supervisors commented on the skills/guide list.	P-Jun 06 A-Jun 06	
						33.5.h Skills guide modified after comment periods.	P-Jun 06 A- Jul 06	
						33.5.i Skills guide/list available for statewide use by supervisors.	P-Aug 06 A-	
				33.6 Create training advisory Committee to annually assess needs and evaluate training	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 R-Oct 06 A-	
				Jeff Adams	Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 R-Oct 06 A-	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 R-Nov 06 A-	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 R-Nov 06 A-	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 R-Dec 06 A-	

				Program In	nprovement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	of Achievement
Non-Conformity	Jutilig	; 10	Improvement	Action Steps	Wicasurement		Benchmark	Goal
	A	N/A						
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	
				Cindy Wilkinson	Training agenda	33.7.b Held first CA/N Training Institute Session	P-Apr 04 A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	1
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-Feb 05	
				33.8 Provide training based on circuit	Circuit Self- Assessments	33.8.a Circuits completed Circuit Self-Assessments	P-Aug 04 A-Aug 04	
				specific needs Jeff Adams		33.8.b Circuits notified Professional Development and Training Unit of targeted training needs	P-Nov 04 A-Nov 04	
				John Fraums		33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Jan 05 A-Jan 05	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						P-Dec 2006 A-
				35.1 Increase access and availability to dental services Bonnie Washeck		35.1.a See WB3.22.1.a 35.1.b See WB3.22.1.b 35.1.c See WB3.22.1.c 35.1.d SeeWB3.22.1.d 35.1.e SeeWB3.22.1.e		

		Program Im	provement Impleme	entation		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of	f Achievement
Non-Conformity	Improvement	Action Steps	Wieasurement		Benchmark	Goal
A N/A						
		35.2 Increase the ability of staff and	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and	P-Jan 04	
		families to access Alcohol and Drug		Safety Training based in focus group information	A-Jan 04	
		Abuse Services (ADA)	Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	
		Jeff Adams	Field test training	35.2.c Field tested drug training in	P-Jun 04	
				Southwest region	A-Jun 04	
			Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
			Curriculum	35.2.e Curriculum revised to reflect	P-Apr 05	
			revised	recommendations during field test, including target audiences and how	A-Apr 05	
			Transis in a decession d	many staff 35.2.f Completed three additional	D. I 06	
			Training dates and sites	Family, Drugs and Safety trainings	P-Jun 06	
				across the state.	A-Jul 06	
		35.3 Increase		35.3.a See P1.6.5.a	-	
		availability of specialized foster		35.3.b See P1.6.5.b 35.3.c See P1.6.5.c	1	
		homes for older youth,		35.3.d See P1.6.5.d	1	
		siblings, disabled and		35.3.e See P1.6.5.e	-	
		medically fragile children.				
		Cindy Wilkinson				
		35.4 Increase availability of and	Circuit self- assessment	35.4.a Through circuit self-assessment, determined available	P-Mar 05	
		access to parenting classes and	·	parenting classes and family/parent aide services	A-Aug 04	
		family/parent aide services.	CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide	P-Feb 06	
		Bonnie Washeck		and parenting class service	A-Feb 06	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib Non-Conformity	outing		Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				35.5 Increase services to meet the needs of non-English speaking consumers.	Circuit self- assessments	35.5.a Through circuit self- assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
				Kathryn Sapp	Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-Jul 05	
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to	P-Dec 05	
						accommodate growing Hispanic population)	A-Dec 05	
				35.6 Increase availability of transportation services.	Circuit self- assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
				Bonnie Washeck		35.6.b Recruited regional service organizations to provide transportation	P-May 05	
					CTS contracts	services. 35.6.c Issued state-wide transportation contracts.	A- Jul 05 P-Mar 06 A-Feb 06	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X		See Item 35, 1-6				P-Dec 2006 A-
Item 37: The		37		See Helli 55, 1-0				D.D., 2006
services in item 35 can be individualized to meet the unique needs of children and families served by the		X						P-Dec 2006 A-

				Program Imp	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A	•					
agency.								
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen		37.2.a See S2.3.2.a		
				worker/supervisor		37.2.b See S2.3.2.b		
				skills in engaging		37.2.c See S2.3.2.c		
				families in the		37.2.d See S2.3.2.d		
				assessment, case		37.2.e See S2.3.2.e		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the	X			planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		37.2.f See S2.3.2.f		
CFSP								
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X			_				
Item 41: Standards for foster	X							

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System	nic Fa	ctors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contril	buting	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Deficilitatik	Goai
	A	N/A						
family and child care institutions								
Item 42: Standards are applied equally to all foster family and child care institutions Item 43: Conducts necessary criminal	X							
background checks. Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						P-Dec 2006 A-
diversity.				44.1 Increase the number of resource families. Cindy Wilkinson		44.1.a See P1.6.5.a 44.1.b See P1.6.5.b 44.1.c See P1.6.5.c 44.1.d See P1.6.5.d 44.1.e See P1.6.5.e 44.1.f See P 2.12.3.a 44.1.g See P 2.12.3.b 44.1.h See P 2.12.3.c 44.1.i See P 2.12.3.d 44.1.j See P 2.12.3.d		
Item 45: Uses cross-jurisdictional resources to find placements	X							

Children's Bureau Child and Family Services Reviews IV. Program Improvement Plan Matrix (PIP Matrix)

State:	Missouri		AC	F Regional Office:		
State cor	ntact and telephone:	Lee Temmen, 573-526-3735	Region I	Region IV	X Region VII	Region X
ACF Co	ntact and telephone:	Ann Burds, 816 426-2260	Region II	Region V	Region VIII	
Date and	l quarter submitted:	<u>December 6, 2006 – 7th Quarter</u>	— Region III	— Region VI	— Region IX	
						Blue = under renegotiation
						Gray = completed

A = Achieved N/A = Not Achieved *Performance derived using the average of pervious four quarters performance

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System	nic Fa	ctors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib Non-Conformity	outing	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
Safety Outcome S1:								
Item 1: Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004) The Goal of achieving 80.4% has been met.		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected-Dec 2006 Actual-
				S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment. Kathryn Sapp	Policy issuance	S1.1.1.a Refined definition of "initiating" reports. S1.1.1.b Policy clarified regarding multi disciplinary team contact. S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child. S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-Mar 05 P- Mar 05 A-Mar 05 P-Mar 05 A-Mar 05 P-Mar 05 A-May 05	
				S1.1.2 Increase accuracy of data		S.1.1.2.a Data system entry guidelines clarified for "initial contact".	P-Aug 05 A-Aug 05	

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or Systems and Item(s) Contribu			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	Ü		Improvement	1			Benchmark	Goal
	A	N/A						
				regarding initial contact. Kathryn Sapp		S.1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-Jan 06	
				Susan Savage	PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-Oct 05	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study	Demographic data	S1.1.3.a CD/FSD assessed	P-Apr 04	
				feasibility for	D 1 11	demographics for non CA/N referrals.	A-Apr 04	
				alternative protocols for managing non CA/N referrals	Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
				Virginia Lewis-Brunk	Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test site continuation.	P-Apr 05 A-Apr 05	
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Apr 05 A-Apr 05	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas	P-Aug 05 A-Apr 05	
				S1.1.4 Develop improvement plan to respond timely to	Circuit self- assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	butıng	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
140II-Comornity	Α	N/A	mprovement					
	Λ	IN/A		reports of	Established	S1.1.4.b Local protocol for CA/N	P-Mar 05	
				maltreatment	protocol	response established.	A-Mar 05	
					Implemented	S1.1.4.c Implemented local protocol	P-Apr 05	
				Kathryn Sapp	protocol	for improvement of maltreatment.	A-Apr 05	
						S1.1.4.d Monitored the improved	P-Jul 05	
						timeliness of initial child contact.	A-Jul 05	
				S1.1.5 Call	Protocols	S1.1.5.a Began development of SDM	P-Dec 03	
				Management and Structured Decision	developed	and Call Management protocols for CA/N HU.	A- Dec 03	
				Making (SDM)		S1.1.5.b Incorporated SDM and Call	P-Apr 04	
				Protocols Implemented at the Child Abuse and		management protocols into CA/N HU		
					TD	process.	A-Apr 04	
				Neglect Hotline Unit (CA/N HU) to provide	Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call	P-Aug 04	
				consistent screening		management system.	A-Aug 04	
				and classification of	CA/N HU	S1.1.5.d CA/N HU Supervisory	P-Sept 05	
				calls received.	Supervisory Review Tool	Review tool developed to assess	A G 05	
				Charlotte Gooch	developed	quality.	A-Sept 05	
					1	S1.1.5.e CA/N Hotline protocols	P-Sept 05	
						automated.	A-Jun 05	
					PRR revision	S1.1.5.f Added CA/N HU section to	P-Sept 05	
						the Peer Record Review tool.	A-Oct 05	
					PRR tool analysis.	S1.1.5.g Collected and analyzed PRR	P-Jan 2006	
					On going data	tool results for practice enhancements.	Ongoing	
					collected and	Analysis.	Quarterly	
					reviewed		A- Jan 06	
				S1.1.6 Revised policy	quarterly. PowerPoint	S1.1.6.a. Revised and provided	Quarterly P-Feb 05	
				relating to non CA/N	Presentation	training as needed to community	Ongoing	
				referrals (M,P,N)	1 Tobelludoli	partners on differences between CA/N	Jiigoilig	
				given the division's		reports and non-CA/N (mandated	A-Feb 05	
				need to better address		reporter) related Alpha referrals.	Ongoing	
				its core functions and		S1.1.6.b. Local staff presented	P-July 05	
				statutory mandates,		training to school personnel as		
				with existing available		requested.	A-July 05	
				resources.		S1.1.6.c. Defined what statutory core functions are.	P-Dec 05 A-Dec 05	
	<u> </u>	<u> </u>		<u> </u>		runctions are.	A-Dec 03	

				Program In	nprovement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	- W.	, ••	Improvement	riction Steps	1 Tousarement		Benchmark	Goal
	Α	N/A						
				Kathryn Sapp	Draft plan	S1.1.6.d. Developed proposed plan for information dissemination on practice	P- Dec 05	
					C 1, 1,1	changes regarding non CA/N calls.	A-Dec 05	
					Consult with NRC-CPS	S1.1.6.e. Consulted with National Resource Center on Child Protective Services regarding non CA/N referrals.	P-Feb 06 A-Nov 05	
						S1.1.6.f. Shared proposed plan with Regional Directors.	P-Apr 06 A-Apr 06	
					Modified plan	S1.1.6.g. Modified proposed plan, if needed, based on recommendations of	P-May 06	
						the Regional Director	A-May 06	
						S1.1.6.h Shared proposed plan with and provided (mandated reporter) training to CJA taskforce.	P-Jun 06 A-Jun 06	
					CJA recommendations	S1.1.6.i .Shared CJA taskforce recommendations with CD	P-Jul 06	
						administration.	A-Jul 06	
						S1.1.6.j. CD continued to accept non CA/N referrals based on feedback from CJA Taskforce and other	P-Oct 06 Ongoing	
						community partners, but continued to	A-Oct 06	
						discuss alternative ways of handling these calls of concern.	Ongoing	
						S1.1.6.k. Continued to provide mandated reporter training to MO	P-Nov 06	
						Hospital and School Counselors Associations.	A-	
Item 2: Repeat maltreatment		X	CA/N Recidivism Nat'l Standard 6.1 % or less					P-Dec 2006
Recurrence of Maltreatment:			MO FFY 2003 NCANDS					A-Sept 2005
Of all children who were victims of a substantiated or indicated maltreatment			Baseline 8.3% NCANDS Goal 7.4% (Based on Federal formula for goal setting.					

Program Improvement Implementation									
1			2	3	4	5	6	7	
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement	
and Item(s) Contrib Non-Conformity	outing	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal	
	Α	N/A	-						
Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period			7th quarter performance= 4.7% based on quarterly Outcome Report not NCANDS. NCANDS data not available quarterly.						
period				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment. Kathryn Sapp Cindy Wilkinson	PRR revision Training curriculum Training agenda Evaluation Report In-service training agenda	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool. S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results. S1.2.1.c Conducted initial in-service training with CD and court staff. S1.2.1.d Evaluated SDM Peer Record Review Outcomes. S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field. S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool. S1.2.1.g Evaluate results of review,	P-Jan 04 A-Feb 04 P-Feb 04 A-Mar 04 P-Jun 04 A-Jun 04 P & A-Ongoing & quarterly P-Feb 05 A-Dec 04 P-Apr 05 A-Apr 05 P-Jul 05		
						identify circuits whose needs are more imminent for the training. S1.2.1.h As needed, provided training to circuits identified with imminent need.	A-Jul 05 P-Sep 05 ongoing A-Sep 05		

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Program Improvement Implementation									
1			2	3	4	5	6	7	
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement	
and Item(s) Contrib	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal	
Non-Conformity			Improvement						
	A	N/A							
Incidence of Child Abuse			CA/N in AC Nat'l Standard 0.57% or					P-Jan 2007	
and/or Neglect			less					A-	
in Foster Care:			1035					Λ-	
in roster cure.			MO FFY 2003						
Of all children			NCANDS						
who were in			Baseline 0.37%						
foster care during									
the reporting			Goal Achieved						
period of the fiscal year, what									
percent									
experienced									
maltreatment									
from foster									
parents or facility									
staff members?									
				S1.2.2 Implementation	Training agenda	S1.2.2.a All staff trained in CSE	P-Jul 04		
				of "Confirming Safe Environments" (CSE)		process in test sites of Pettis, Cooper, and Greene.	A T1 O 4		
				process.	Training agenda	S1.2.2.b Trained one Out-of-Home	A-Jul 04 P-Jul 04		
				process.	Training agenda	Unit on CSE in St. Louis City.	A-Jul 04		
				Susan Savage		S1.2.2.c In-house expertise developed	P-Dec 04		
				S		for training	A-Dec 04		
					Evaluation report	S1.2.2.d Central Office staff	P-Mar 05		
						summarized test site implementation			
						in Pettis, Cooper and Greene for Child	4 3 4 0 7		
					Davies COSE	Protection	A-Mar 05		
					Review of CSE curriculum	S1.2.2.e Strengths in summary and CSE curriculum identified by	P-Aug 05		
					Cullicululli	Visitation Workgroup.	A-Aug 05		
					Workgroup	S1.2.2.f. Visitation Workgroup	P-Nov 05		
					recommendations	presented recommendations on			
					report	enhancing visitation and safety	A-Nov 05		
						policies throughout the continuum of			
						services to Executive staff.			
						S1.2.2.g. Executive staff met to	P-Jan 06		
						approve recommendations.	A-Jan 06		

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				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Stans	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	outing	, 10	Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A	•					
						S.1.2.2.h. Central Office staff met to	P-Feb 06	
						begin addressing policy assignments.	A-Feb 06	
						S1.2.2.i Developed safety policy	P-Apr 06	
						regarding assessment of safety at and		
						throughout placement.	A-Apr 06	
					Meeting notes	S1.2.2.j Staff Training and	P-Apr 06	
						Development met to discuss		
						incorporating Visitation Workgroup	A A O.C	
						recommendations into training for staff and foster parents	A-Apr 06	
					Policy memo	S1.2.2.k Policy memo disseminated to	P-May 06	-
					1 oney memo	staff.	A-May 06	
					Training plan	S1.2.2.1 Training began on policy	P-Jul 06	-
					Training plan	enhancements to new and existing	1 341 00	
						staff.	A-Jul 06	
				S1.2.3 Strengthen	Convened	S1.2.3.a Visitation Workgroup	P-May 05	
				policy regarding	Visitation	convened to review current visitation	, and the second	
				assessment of safety at	workgroup	and safety policy.	A-May 05	
				and throughout	Workgroup	S1.2.3.b Visitation Workgroup	P-Nov 05	
				placement.	Recommendations	presented recommendations on		
						enhancing visitation and safety	A-Nov 05	
				Cindy Wilkinson		policies throughout the continuum of		
					D 0 11	services to Executive staff.	D 4 06	
					Draft policy	S1.2.3.c Developed safety policy	P-Apr 06	
						regarding assessment of safety at and throughout placement.	A A 22 06	
						S1.2.3.d Staff Training and	A-Apr 06 P-Apr 06	
						Development met to discuss	1 -Apr 00	
						incorporating Visitation Workgroup	A-Apr 06	
						recommendations into training for	11111100	
						staff and foster parents.		
					Policy	S1.2.3.e Policy disseminated.	P- May 06	
					disseminated		A-June 06	
						S1.2.3.f Training began on policy	P-Jul 06	
						enhancements to new and existing	A-Jul 06	
						staff		
				S1.2.4 Practice		S1.2.4.a Developed PET roles and	P-Feb 05	
				Enhancement Teams		responsibilities.	A-Feb 05	
				(PET) assist Circuit				

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or Systemi			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contribution-Conformity	uting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
·	A	N/A	•					
				Managers in development of	Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
				improvement strategies to reduce	Current data on repeat	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in	P-Apr 05	
				repeat maltreatment and CA/N in foster	maltreatment	the areas of repeat maltreatment and CA/N in foster care.	A-Apr 05	
				care.	List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement	P-May 05	
				Bonnie Washeck		strategies.	A-Jul 05	
					Program improvement	S1.2.4.e Program improvement plans implemented by Circuit Managers and	P-Aug 05	
					plans developed	staff.	A-Aug 05	
				S1.2.5. Strengthen policy and practice relating to chronic neglect and	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
				accumulation of harm. Kathryn Sapp	Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-Jun 05	
						S1.2.5.d Three pilot sites selected (Jasper, McDonald and Newton	P-July 05	
						counties) based on negotiations with Federal partners.	A-Jun 05	
					Training agenda	S1.2.5.e Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	
					IAR Screening Tool	S1.2.5.f Used IAR's screening tool to determine if families meet the CN	P-Nov 05	
					TD 1 1 1	criteria.	A-Oct 05	
					Tracking tool	S1.2.5.g Developed a tool for manual tracking of CN families to be utilized	P-Feb 06	
						throughout pilot	R-May 06 A-May 06	
						S1.2.5.h Met with Regional and	P-Jun 06	1
						Circuit administrators to strategize about next steps and community	A-Jun 06	
						forum.		

				Program I	mprovement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	outing	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
Tron Comorning	Α	N/A	impro venient					
		1071				S1.2.5.i Held community forum to gain support from stakeholder.	P-Jul 06 R-Aug 06 A-Aug 06	
						S1.2.5.j Initiated pilot.	P-Aug 06 R-Oct 06 A-Sep 06	
					Evaluation report	S1.2.5.k CD staff evaluated short term output of pilot effectiveness.	P-Jan 07 A-	
				S1.2.6 Develop performance-based contract for foster parents	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-May 05	
				Bonnie Washeck		S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-Apr 06	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-Mar 06	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP. S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-Mar 06 A-Mar 06 P-May 06 A-May 06	
Safety Outcome S2:								
Item 3: Services to family to protect child(ren) in home and prevent removal		X	Renegotiated Baseline = 88.1% 7th quarter PRR performance = 90.0%		Peer Record Review (PRR) IV-13. Services being provided to the family are adequate to meet their needs as			P-Dec 2006 A-July 2006

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contrib	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity		37/4	Improvement					
	Α	N/A	Donord dod on d		1.1			
			Renegotiated goal = 89.9%		identified in the			
			(Goal established is		assessment.			
			calculated by taking		(Previous measure			
			the 4 th quarter		used was IV-15).			
			performance and					
			adding 2% increase					
			for improvement.)	22.24.7				
				S2.3.1 Improve family	Draft of CD-14	S2.3.1.a CD-14 family assessment	P-Sep 04	
				assessment and case plan tools to better link		tool field test initiated in Circuit 2. S2.3.1.b CD-14 family assessment	A-Sep 04 P-May 05	
				service provision to		tool field test expanded to other sites.	A-Feb 05	
				the needs of the family	Evaluation report	S2.3.1.c Results of field test evaluated	P-Jun 05	
				identified in the initial	2 · unuution report	and analyzed by staff and work group.	A-Mar 05	
				and ongoing	Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05	
				assessments; include a			A-Apr 05	
				mechanism for family self-assessment and		S2.3.1.e Recommendations regarding	P & A	
				identified areas		changes made.	On-going	
				specifically related to	Policy issuance	S2.3.1.f Policy issued with new	P-Oct 05	
				child safety and risk		documents and instructions.	R-Jan 06	
				concerns (to be	Training	S2.3.1.g Training of existing staff	A-Dec 05 P-Jan 06	-
				completed	Training	completed.	A-Feb 06	
				concurrently with S2.3.2)		S2.3.1.h Incorporated changes into	P-Jan 06	
				52.5.2)		BASIC training.	A-Feb 06	
				Kathryn Sapp				
				S2.3.2 Strengthen		S2.3.2.a Conducted focus groups	P-Aug 04	
				worker/supervisor		(workers, supervisors, circuit		
				skills in engaging		managers and consumers) in four		
				families in the		circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	A-Aug 04	
				assessment, case planning and case plan	Supplemental	S2.3.2.b Focus group results compiled	P-Oct 04	
				review process to	Supervisory	and used for supplemental supervisory	1-00:04	
				increase parent,	Training	training.	A-Oct 04	
				caregiver (alternative	Training	S2.3.2.c Training curriculum	P-Feb 05	
				care provider) and	curriculum	developed and supplemental FST		
				child involvement in case assessment, plan	developed and	training began.	A-Feb 05	
				case assessment, pian	began			

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	of Achievement
and Item(s) Contril Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				development and reassessment.		S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
				Bonnie Washeck	Training agenda and summary of	S2.3.2.e Training provided for existing staff and feedback solicited	P-Oct 05	
					feedback	from trainees on training.	A-Oct 05	
					Survey results and circuit	S2.3.2.f PET teams annually analyzed family satisfaction survey data and	P-Nov 05	
					improvement plans	PDR results for improvement with the expectation that circuits develop	annually R-Apr 06	
					1	methods to improve.	A-Apr 06	
				S2.3.3 Improve supervisory capacity to		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05	
				monitor enhanced			A-May 05	
				practice relating to	Draft of tool	S2.3.3.b Created draft standardized	P-June 05	
				case planning.		supervisory case review tool.	A-Sep 05	
				Susan Savage		S2.3.3.c Supervisory case review tool	P-Sept 05	
					E	field tested by selected supervisors.	A-Sep 05	
					Feedback	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-Dec 05	
					summary Tool revision	S2.3.3.e Supervisory case review tool	P-Jan 06	
					1001 Tevision	revised as needed.	A-Jan 06	
					Protocol established and	S2.3.3.f Protocol for supervisory case review established and manual	P-Jan 06	
					manual revision	revisions made.	A-Jan 06	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 R-Jul 06 A-Jul 06	
					Policy	S2.3.3.h Supervisory case review tool	P-Feb 06	
					disseminated and	and protocols approved and	R-Jul 06	
					implemented	distributed for statewide use.	A-Jul 06	
				S2.3.4 Establish	impionionion	S2.3.4.a Developed service access	P-Aug 05	
				procedures to access		funding grid and guidelines.	A-Aug 05	
				various service funding streams.	Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all	P-Sept 05	
				Bonnie Washeck	GISHIDUICU	staff.	A-Feb 06	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or Syster			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	Dates of Achievement mark Goal 05 05 05 05 05 05 05 05 05 05 05 05 05
and Item(s) Contri	buting	; to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity	Ι .	NT/A	Improvement					
	A	N/A		S2.3.5. Per new		S2.3.5.a Barriers identified for	P-Jan 05	
				legislation, develop		children needing mental health	A-Jan 05	
				state comprehensive		services.	71 3411 03	
				children's mental		S2.3.5.b Funding mechanisms	P-Jan 05	
				health plan to increase		established for providing mental		
				level of cooperation		health services.	A-Jan 05	
				between court, mental health, child welfare	Coordination plan	S2.3.5.c Plan developed for	P-Jan 05	
				and families.		coordination of resources from multiple agencies.	A-Jan 05	
				and families.		S2.3.5.d Evaluation methodology	P-Jan 05	
				Jim Harrison		established.	A-Jan 05	
					Report	S2.3.5.e Report with	P-Jan 05	
					submission	recommendations submitted to		
						legislators and governor.	A-Jan 05	
Item 4: Risk of		X			PRR IV-13 was			P-Dec 2006
harm to child(ren)					removed as a measure for this			A July 2006
ciliu(teii)					item per 4 th			A-July 2000
					quarter			
					renegotiation.			
				S2.4.1 Ensure	SDM Review	S2.4.1.a See S1.2.1.a		
				consistent and accurate completion of SDM	Tool	S2.4.1.b See S1.2.1.b		
				safety and risk		S2.4.1.c See S1.2.1.c		
				assessment.		S2.4.1.d See S1.2.1.d		
				C' 1 WY'II'		S2.4.1.e See S1.2.1.e		
				Cindy Wilkinson		S2.4.1.f See S1.2.1.f		
						S2.4.1.g See S1.2.1.g		
						S2.4.1.h See S1.2.1.h		
				S2.4.2 Implementation		S2.4.2.a See S1.2.2.a		
				of "Confirming Safe		S2.4.2.b See S1.2.2.b		
				Environments" process.		S2.4.2.c See S1.2.2.c		
				process.		S2.4.2.d See S1.2.2.d		
				Susan Savage		S2.4.2.e See S1.2.2.e		
						\$2.4.2.f See \$1.2.2.f	-	
						S2.4.2.g See S1.2.2.g S2.4.2.h See S1.2.2.h	-	
						52.4.2.II See 51.2.2.II		

Program Improvement Implementation										
1			2	3	4	5	6	7		
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement		
and Item(s) Contril Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal		
	A	N/A	·							
						S2.4.2.i See S1.2.2.i				
						S2.4.2.j See S1.2.2.j				
						S2.4.2.k See S1.2.2.k				
						S.2.4.2.1 See S1.2.2.1				
				S2.4.3 Implement	Policy	S2.4.3.a Policy for enhanced	P-Aug 04			
				enhanced background	disseminated	background screening implemented	A A 04			
				screening for foster/kinship and		statewide.	A-Aug 04			
				court ordered		S2.4.3.b Policy updates and supervisory consultations with	P-Aug 04			
				providers.		existing staff.	A-Aug 04			
				providers.		exibility state.	11 1148 0-7			
				Cindy Wilkinson		S2.4.3.c Incorporated enhanced	P-Nov 04	1		
						background screening into on-going				
						STARS and BASIC training.	A-Nov 04			
				S2.4.4 Development of	Committee	S2.4.4.a Work committees formed	P-Jan 04			
				"Culture of Care	member list	with volunteers from residential sites				
				Initiative" for	G 1 1	to develop curriculum.	A-Jan 04			
				improving safety and nurturance of children	Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04			
				in a residential care		S2.4.4.c Curriculum approved by CD	A-Mar 04 P-May 04			
				setting.		administration.	A-May 04			
				Semina.		S2.4.4.d Roundtables held with CEO's	P-Jul 04			
				Fred Proebsting		to discuss curriculum.	A-Jul 04			
					Training agenda	S2.4.4.e NRC Train-the-Trainers	P-Aug 04			
						session held/2 days in KC and St.				
						Louis for residential licensed	A-Aug 04			
						providers.		=		
						S2.4.4.f Measured through a reduction	P-Ongoing			
						of the number of preponderance of evidence reports received by the	A-Ongoing			
						residential treatment facilities.				
				S2.4.5 Improve family		S2.4.5.a See S2.3.1.a				
				assessment and case		S2.4.5.b See S2.3.1.b				
				plan tools to better link		S2.4.5.c See S2.3.1.c				
				service provision to		S2.4.5.d See S2.3.1.d				
				the needs of the family		S2.4.5.e See S2.3.1.e				
				identified in the initial		S2.4.5.f See S2.3.1.f				

				Program Im	provement Impleme	entation		
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Outcome or System	nic Fa	ctors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contrib	outing	; to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity	A	N/A	Improvement					
	A	IN/A		and ongoing		S2.4.5.g See S2.3.1.g		
				assessments; include a		52.7.5.8 500 52.5.1.8		
				mechanism for family				
				self-assessment and				
				identified areas				
				specifically related to child safety and risk		S2.4.5.h See S2.3.1.h		
				concerns.				
				oonoonis.				
				Kathryn Sapp				
Permanency Outcome 1								
Item 5	X		Passed CFSR On-					
			site review and 2002					
The Control of the Co		X	AFCARS					P-Dec 2006
Item 6 : Stability of foster care		X	Stability in foster care. Nat'l Standard					P-Dec 2006
placement			86.7% or more					A-
P								
			7th quarter					
			performance based					
			on quarterly outcomes report =					
			78.5%* not					
			AFCARS formula.					
			AFCARS data not					
			available.					
			MO FFY 2003					
			78.6% AFCARS Goal					
			80.5% (Based on					
			Federal formula for					
			goal setting). Data					
			profile: 8-3-06					
			Rolling yr. end 3/31/06 for stability					
			= 81.5%					
		l	= 01.570		<u> </u>	<u> </u>	<u> </u>	

	Program Improvement Implementation										
1			2	3	4	5	6	7			
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement			
and Item(s) Contril Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal			
	A	N/A									
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non- related, Not licensed 3) Kin, Non- related, Licensed.	P-Mar 05 A-Feb 05				
				Lesley Pettit		P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-May 05				
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-Sep 05				
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement	P-Dec 05				
					0 1	types.	A-Feb 06				
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome	P-Apr 06				
						Report.	A-Mar 06				
				P1.6.2 Improve diligent search for		P1.6.2.a Potential explored for CD staff to access existing diligent search	P-Jul 04				
				relatives/missing		mechanisms.	A-Jul 04				
				parents.	Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored	P-Aug 04				
				Bonnie Washeck		through supervisory oversight.	A-Aug 04				
						P1.6.2.c Established agreements, as necessary, with other state agencies	P-Mar 05				
						(possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	A-Apr 05				
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory	P-Apr 05				
						oversight.	A-Apr 05				
				P1.6.3 Expand use of family support team meetings to promote	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an	P-Aug 04				
				stability in alternative		impending move.	A-Aug 04				
				care placements		P1.6.3.b Made ACTS system changes to track FSTs held prior to or	P-Aug 04				
				Kathryn Sapp		immediately after a move.	A-Aug 04				

Program Improvement Implementation										
1			2	3	4	5	6	7		
Outcome or Systemic I and Item(s) Contribution			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement		
Non-Conformity	ing to		Improvement	retion steps	Wicasarement		Benchmark	Goal		
A	N	N/A	1							
				Cindy Wilkinson		P1.6.3.c Central Office staff provided training to regional staff on HB 1453	P-Aug 04			
						requirements	A-Aug 04			
						P1.6.3.d Regional staff provided localized training to existing staff on	P-Sep 04			
						HB 1453 requirement	A-Sep 04			
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04			
							A-Dec 04			
					PRR	P1.6.3.f Updated PRR to assure pre-	P-Feb 05			
						placement FSTs.	A-Mar 05			
				P1.6.4 Identify resource family types	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to	P-Mar 05			
				and shortages		determine resource family needs.	A-Apr 05			
				C' 1 337'11'	Circuit	P1.6.4.b Recruitment plan targeting	P-May 05			
				Cindy Wilkinson	management plan	resource families written into a circuit management plan to address identified need.	A-Jul 05			
					Contract extension	P1.6.4c Extended current Foster Care/Adoption Resource Services	P-Nov 05			
						contract	A-Nov 05			
					Circuit progress reports	P1.6.4d Circuit reported quarterly progress on recruitment activities	P-Feb 06 quarterly			
					NRC Technical	P1.6.4e Consulted with the National	A-Feb 06 P-Mar 06			
					Assistance plan	Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	A-Jan 06			
				P1.6.5 Increase	Recruitment and	P1.6.5.a Recruitment and retention	P-Jun 04			
				number of resource families	retention plan developed	plan for foster home serving older youth implemented through Chafee program.	A-Jun 04			
				Cindy Wilkinson	Adopt US Kids	P1.6.5.b Implemented Adopt US Kids	P-Jul 04			
					campaign	campaign.	A-Jul 04			
					Request for Proposal	P1.6.5.c RFP written and released for performance based case management	P-Apr 05			
						contracts (PBC).	A-Apr 05			

				Program In	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib	uting	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				20110111111111	0041
	A	N/A						
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 05	
						Distance Decident	A-Jun 05	
						P1.6.5.e PBC Case Management	P-Sep 05	
					C 4 4	Services began	A-Sep 05	
					Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services	P-Nov 05	
					extension	contract.	A-Nov 05	
					ACTS data report	P1.6.5.g Quarterly report on PBC	P-Feb 06	
					AC15 data report	contractors' performance on stated	quarterly	
						child outcome on safety, permanency,	quarterry	
						and stability.	A-Feb 06	
					NRC Technical	P1.6.5.h Consulted with the National	P-Mar 06	
					Assistance plan	Resource Center for Family Centered		
						Practice and Permanency Planning	A-Jan 06	
						regarding recruitment of resource		
						families.		
					Annual report	P1.6.5.i Annual report to General	P-Jul 06	
						Assembly regarding PBC regarding	annually	
						case management, recruitment and		
				Discorti de		training outcomes.	A-Jul 06	
				P1.6.6 Identify		P1.6.6.a Consulted with the National	P-Mar 06	
				multiple causes affecting placement		Resource Center for Family Centered Practice and Permanency Planning		
				stability and explore		(NRC FCP-PP) regarding "critical"		
				possible solutions.		factors in placement stability.	A-Jan 06	
				possiole solutions.	Survey results	P1.6.6.b Surveyed resource families to	P-May 06	
				Cindy Wilkinson	Survey results	gather information regarding	1 -iviay 00	
						placement stability.	A-May 06	
						P1.6.6.c Convened stability	P-Aug 06	
						workgroup to meet with NRC FCP-PP		
						to identify issues impacting stability.	A-Aug 06	
						P1.6.6.d Stability workgroup	P-Aug 06	
						identified and began to develop work		
						plan areas to improve.	A-Aug 06	
						P1.6.6.e Central Office staff analyzed	P-Nov 06	
						Outcomes Reporting data to determine		
						circuits needing additional supports to	A-	
						improve stability for children.		

				Program In	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	Č		Improvement	1			Benchmark	Goal
	A	N/A						
						P1.6.6.f. Consulted with Regional Directors and QA Staff to finalize targeted circuits and conference calls	P- Dec 06	
						scheduled with circuits identified as needing additional supports.		
						P.1.6.6.g. Scheduled targeted case reviews with circuits needing	P-Jan 07	
						additional supports for purpose of developing circuit specific action plan.	A-	
						P1.6.6.h. Circuits provided monthly report to Central Office on strategies to improve placement instability,	P-Jan 07 Ongoing	
						including convening a FST prior to move and support services to resource families.	A-	
				P1.6.7 Evaluate support and training provided for	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child	P-Dec 05 A-Feb 06	
				relative/kinship resource families	Analysis report	training curriculum. P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-Apr 06	
				Cindy Wilkinson Jeff Adams	Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 R-Jan 07 A-	
Item 7: Permanency goal for child		X	Renegotiated Baseline = 81.3% 7th quarter PRR results = 86.5%		PRR V-12 The permanency plan was developed and it includes options for concurrent			P-Dec 2006 A-May 2006
			Renegotiated goal 82.9% (Goal established is calculated by taking the 4 th quarter performance and adding 2% increase		planning.			

				Program Im	provement Impleme	entation				
1			2	3	4	5	6	7		
Outcome or Systemic and Item(s) Contribu			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement		
Non-Conformity	5		Improvement	retion steps	Wicasarement		Benchmark	Goal		
	A	N/A								
			for improvement.)							
				P1.7.1 Ensure the frequency and	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit	P-Aug 04			
				timeliness of Family		self assessment.	A-Aug 04			
				Meetings occurs per policy Kathryn Sapp		Meetings occurs per	Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in	P-Feb 05	
						strategic plan.	A-Apr 05			
					Quarterly data	P1.7.1.c Circuit Managers assisted by	P & A-			
				Cindy Wilkinson	reports	PET monitored frequency data	Ongoing			
				D1 7.2 Immerca		D1 7 2 a Mada A CTS anotama ahar an	quarterly			
				P1.7.2 Improve quality of Family		P1.7.2.a Made ACTS systems changes to track permanency reviews	P-Aug 04			
				Support Teams (FSTs)	75 11 1 1 1	separately from FSTs.	A-Aug 04			
				to ensure permanency goal is reviewed and	Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements	P-Sep 04			
				established		necessary for permanency reviews.	A-Aug 04			
					Policy	P1.7.2.c Policy disseminated to all	P-Sep 04			
				Kathryn Sapp	disseminated	staff.	A-Aug 04			
				Cindy Wilkinson	Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and	P-Jan 05			
						computer systems training.	A-Oct 04			
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for	P-Mar 05			
						more difficult FSTs.	A-Jul 05			
					Protocol	P1.7.2.f Protocol developed for	P-Apr 05			
					developed	accessing expert facilitators.	A-May 05			
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05			
							R-Jan 06			
					Mama	D1 7 2 h Mama dagawihing annuant	A-Jan 06			
					Memo	P1.7.2.h Memo describing expert	P-Apr 05			
					disseminated	facilitator access protocol and expert	R-Jan 06 A-Jan 06			
						facilitator duties distributed to all staff.				
				P1.7.3 Strengthen		P1.7.3.a Circuit Managers monitored	P-Mar 05			
				policy and practice		outcomes through PRR tool.	A-Mar 05			
				relating to concurrent planning.	Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement	P-May 05			
						plans.	A- Jul 05			

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement	1			Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-May 06	
				P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
					Contract	P1.7.4.b Developed draft plan to address logistics of proposed training. P1.7.4.c Submitted draft to management of CD/OSCA. P1.7.4.d Developed a contract to	P-Jan 04 A-Jan 04 P-Feb 04 A-Feb 04 P-Mar 04	
					developed	provide cross training to judiciary, court staff, GAL's and CD staff.	A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
				Cindy Wilkinson	Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
Item 8: Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'1 Standard 76.2% or more MO FFY 2003 AFCARS Baseline 59.8% AFCARS Goal 62.2% (Based on Federal formula for goal setting). 7th quarter performance based on quarterly outcomes report = 68.1 % not				year	P-Dec 2006 A-May 2006

				Program In	nprovement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
-	A	N/A	1					
_			AFCARS.					
			AFCARS data not available.					
			Goal Achieved					
				P1.8.1 Address	Data reports	P1.8.1.a Prepared data on legal status	P-Dec 04	
				permanency and		2, 3, and 4 children.	A-Feb 05	
				services needs of	Workgroup	P1.8.1.b Developed workgroup to	P-Feb 05	
				children in Legal	member list	examine legal status 2, 3, and 4		
				Status 2, 3, and 4		children (include in workgroup OSCA, CD, and metro sites).	A-Apr 05	
				Bonnie Washeck	Case review	P1.8.1.c Conducted special case	P-Apr 05	
					results report	reviews on legal status 2, 3, and 4		
						cases.	A-May 05	
					Summary of	P1.8.1.d CD met with DLS and OSCA	P-Apr 05	
					meeting decisions	to determine legal obligations related		
						to legal status 2, 3, and 4 children.	A-Aug 05	
						P1.8.1.e Revise AFCARS population	P-Apr 05	
					Protocol	if necessary. P1.8.1.f Developed policy and	A-Jul 05 P-July 05	
					developed	protocol on worker duties related to	R-May 06	
					developed	legal status 2, 3, and 4 cases.	A-May 06	
					Comparison data	P1.8.1.g Caseload analysis	P-Sept 05	
					Joinparibon dad	(comparison to LS1) completed Legal	2 Sept 03	
						status 2, 3, and 4.	A-Oct 05	
					PRR	P1.8.1.h Incorporated Legal status 2,	P-Oct 05	
						3, and 4 cases into established Peer		
						Record Review process.	A-Oct 05	
				P1.8.2 Establish		P1.8.2.a See S2.3.4.a.		
				procedures to access		P1.8.2.b See S2.3.4.b.		
				various service				
				funding streams.				
				Bonnie Washeck				
				P1.8.3 Ensure		P1.8.3.a See P1.7.1.a		
				frequency and		P1.8.3.b See P1.7.1.b		

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				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				timeliness of Family Support Team Meetings occurs per policy. Kathryn Sapp Cindy Willinger		P1.8.3.c See P1.7.1.c		
				Cindy Wilkinson		D1 9 4 a Cas D1 7 2 a		
				P1.8.4 Improve quality of Family Support		P1.8.4.a See P1.7.2.a P1.8.4.b See P1.7.2.b	-	
				Teams to assure the		P1.8.4.0 See P1.7.2.0 P1.8.4.c See P1.7.2.c	1	
				review of permanency		P1.8.4.d See P1.7.2.d	-	
				goal.		P1.8.4.e See P1.7.2.e	-	
				8		P1.8.4.f See P1.7.2.f	1	
				Kathryn Sapp		P1.8.4.g See P1.7.2.g	1	
				Cindy Wilkinson		P1.8.4.h See P1.7.2.h	1	
				P1.8.5 Increase		P1.8.5.a See P1.7.4.a		
				collaboration with		P1.8.5.b See P1.7.4.b	1	
				courts by providing		P1.8.5.c See P1.7.4.c	†	
				cross training to new		P1.8.5.d See P1.7.4.d	1	
				judiciary, court staff,		P1.8.5.e See P1.7.4.e	†	
				Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations		P1.8.5.f See P1.7.4.f		
	-			Cindy Wilkinson P1.8.6 Increase	Contract	P1.8.6.a Contract developed to	P-Apr 04	
				collaboration with	developed	provide training.	A-Apr 04	
				courts by providing cross training to judiciary, court staff,	Meeting minutes	P1.8.6.b Meeting held to discuss roles and responsibilities of CD and Juvenile Officers.	P-Dec 04 A-Oct 04	
				GAL's and Children's Division staff regarding roles and responsibilities.	Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	P-May 05 A-May 05	
				Cindy Wilkinson				

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	Dates of Achievement Inchmark Goal Mar 05 Det 04 Mar 05 Det 05 Mar 05 Det 05
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05 A-Oct 04	
				transfer jurisdiction to	Proposal drafted	P1.8.7.b Proposal drafted for	P-Mar 05	
				Probate & Circuit		legislative change.	A-Oct 04	
				Courts to expedite guardianship.		P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.	P-Mar 05	
				Jim Harrison		P1.8.7.d Proposal finalized and presented to Department for	P-Mar 05	
						legislative change.	A-Jan 05	
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody. P1.8.8.b See P1.6.1a P1.8.8.c SeeP1.6.1b	P-Oct 05 A-Oct 05	
				Jim Harrison		P1.8.8.d See P1.6.1c		_
				Lesley Pettit		P1.8.8.e See P1.6.1d		-
Item 9: Adoption	X		Adoption Nat'l Standard 32% or more MO FFY 2003 AFCARS Baseline 38.5% Goal achieved			P1.8.8.f See P1.6.1e		P- Dec 2006 A-May 2006
	1		Goal achieved	P1.9.1 Termination of	Data ranget	P1.9.1.a.Examine TPR data from	P-Feb 05	
				Parental Rights will be	Data report	current information system.	A-Feb 05	
				filed in a timely manner, except when	Circuit reports on	P1.9.1.b Initiated local circuit	P-Jun 05	
				compelling reasons are documented.	outcomes of meetings with courts.	meetings with Judicial Courts to address local procedures for filing of TPR petitions.	A-Jul 05	

			Program Im	provement Impleme	ntation		
1		2	3	4	5	6	7
Outcome or Systemic Fac and Item(s) Contributing t		Goal/Negotiated Measure/Percent of	A sting Ctans	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	10	Improvement	Action Steps	Measurement		Benchmark	Goal
A	N/A						
			Cindy Wilkinson Kathryn Sapp	Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
				Policy disseminated	P1.9.1.d Policy disseminated to staff and supervisory oversight	P-Aug 05 R-Mar 06 A-May06	
					P1.9.1.e Incorporated into BASIC training.	P-Jun 05 R-Mar 06 A-Mar 06	
				PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
					P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-May 06	
			P1.9.2 Increase number of resource families.	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a P1.9.2.b See P1.6.5.b P1.9.2.c See P1.6.5.c P1.9.2.d See P1.6.5.d P1.9.2.e See P1.6.5.e		
			P1.9.3 Increase capacity to conduct	Request for Proposal	P1.9.3.a RFP written for performance based case management contracts	P-Sep 04 A-Sep 04	
			home studies and finalize adoptions. Cindy Wilkinson	Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized adoptions.	P-Mar 05 A-Mar 05	
				Award letters	P1.9.3.c Awarded performance based case management contracts	P-Mar 05 A-Jun 05	
				Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per available resources.	P-Jul 05 A-Aug 05	
			P1.9.4 Improve access to legal representation		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
			for CD staff		P1.9.4.b Additional attorneys hired and placed.	P-Sep 04 A-Sep 04	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or Syster and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		of Achievement
Non-Conformity		,	Improvement	Ī			Benchmark	Goal
	A	N/A						
				Jim Harrison	Establish workgroup	P1.9.4.c CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-Apr 05	
					Develop draft protocol	P1.9.4.d Draft Protocol developed.	P-Apr 05 A-Apr 05	
						P1.9.4.e CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	P-July 05 Ongoing A-Jul 05	
					Draft joint memo	P1.9.4.f Draft joint memo with DLS to assist CD staff in developing a clearer understanding on how to access legal	P- Jul 05 A-Jul 05	
					Memo	services. P1.9.4.g Memo and Protocol	P-Oct 05	
					disseminated	disseminated to staff and adopted.	A-Sep 05	
Item 10: Other planned living arrangement		X	Baseline 63.6% 7th quarter results for PRR V-22 = 51.7%. Requested to drop this measure. See new proposed action step P 1.10. Goal = 66.4% The goal has been achieved for PRR V-21.	P1.10.1 Increase	PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.) PRR V-21 Youth 16 or over, are participating in or have completed ILP classes	P1 10 1 a See P1 6 5 a		P-Dec 2006 A-
				P1.10.1 Increase number and quality of resource families for older youth Cindy Wilkinson	Discuss recruitment	P1.10.1.a See P1.6.5.a P1.10.1.b See P1.6.5.b P1.10.1.c See P1.6.5.c P1.10.1.d See P1.6.5.d P1.10.1.e See P1.6.5.e P1.10.1.f Met with IL Specialists to discuss strategies on recruitment	P-Mar 05	
					activities	activities for locating homes for older youth.	A-Mar 05	

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		Program Im	provement Impleme	entation		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	Improvement	Tretton Steps	TVICUS GI CIII CIII		Benchmark	Goal
A N/A	•					
			Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment	P-Jun 05	
				activities.	A-Jun 05	
				P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into	P-Sep 05	
				foster parent training.	A-Sep 04	
		P1.10.2 Increase awareness of Chafee program services to staff and community members	Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher Program through distributing information material to secondary and higher education programs	P-Jan 04 A-Jan 04	
		Cindy Wilkinson	Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 Annually	
			Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents,	P- Mar 04 Ongoing	
			6	juvenile court, and youth serving agencies.	A-Mar 04 Ongoing	
			Write and disseminated	P1.10.2.d CD memo written and disseminated to staff involving ILP	P-May 05	
			memo	staff in the case planning process for older youth and referring age appropriate youth for Chafee services.	A-Sep 05	
			Distributed ETV poster	P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05	
		P1.10.3 Increase program accessibility	Implement Pre- ILP Training	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training	A-Aug 05 P-June 04	
		to provide life skills training services for older youth	Youth conference	curriculum for youth 14-15. P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual	A- June 04 P-July 04 annually	
		Cindy Wilkinson		youth empowerment conference	A-July 04 Annually	
			Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		of Achievement
Non-Conformity	outing	, 10	Improvement	Action Steps	Weastrement		Benchmark	Goal
	A	N/A						
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for	P-Feb 05 A-Feb 05	
					Provide training to selected staff in designed areas	adolescent workers P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker	P-Feb 05 A-Feb 05	
					CD memo	positions P1.10.3.f CD memo written and disseminated to staff involving ILP	P-May 05	_
						staff in the case planning process for older youth and referring age appropriate youth for Chafee services	A-Sep 05	
				P1.10.4 Increase older youth involvement in service planning and delivery		P1.10.4.a Convened older youth workgroup to evaluate current Chafee services provided to youth ages 14 and older.	P-Nov 05 A-Nov 05	
				denivery	Recommendation report	P1.10.4.b Recommendations for change provided by older youth	P-Feb 06	-
						workgroup.	A-Feb 06	
					Draft memo and protocol	P1.10.4.c Developed draft policy and protocol to improve youth involvement, service planning and delivery for older youth.	P-Sep 06 A-Sep 06	
						P1.10.4.d Introduced Adolescent FST Guide and Individualized Action Plan protocol at Missouri Juvenile Justice Association conference.	P-Oct 06 A-Oct 06	
					Training outline	P1.10.4.e Began training of policy and Adolescent FST Guide and Individualized Action Plan protocol in selected sites in the 15 th , 22 nd and 25 th circuits.	P-Nov 06	
					Common me and the	P1.10.4.f Began conducting field tests of policy and protocol.	P-Dec 06 A-	1
					Survey results	P1.10.4.g Conducted mid-point evaluation of test project through staff	P-Jan 07	

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				Program In	nprovement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri Non-Conformity	buting	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
						surveys.	A-	
Permanency Outcome P2:								
Item 11: Proximity of foster care placement	X							
Item 12: Placement with siblings		X	Renegotiated Baseline = 79.1% 7th quarter PRR results = 82.2 % Renegotiated goal = 80.7% (Goal established is calculated by taking the 4 th quarter performance and adding 2% increase for improvement.)		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-May 2006
				P2.12.1 Increase the number of siblings placed together	Policy developed Policy	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode. P2.12.1.b Enhanced policy addressing	P-Aug 04 A-Aug 04 P-Aug 04	
				Kathryn Sapp	enhancement	the continual need for maintaining sibling relationship.	A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Feb 05 Ongoing Quarterly A-Ongoing	
					Recommendations from workgroup	P2.12.1.d Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05 A-Nov 05	
					Draft policy	P2.12.1.e Developed policy requiring a FST prior to separating siblings.	P-Apr 06 A-Apr 06	
					Policy disseminated	P2.12.1.f Policy disseminated to staff on FST	P-May 06 A-May 06	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System	nic Fa	ctors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contrib	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Denemiark	Goai
	A	N/A						
					Supervisory	P2.12.1.g Developed supervisory	P-May 06	
					sibling case	sibling case review process to review		
					review	cases after siblings are separated after	A-May 06	
						30 days.		
				P2.12.2 Develop an		P2.12.2.a Emphasis on the importance	P-Nov 05	
				ongoing training		of sibling bonds, long term effects of		
				module regarding		separation, and importance of		
				sibling placements for		visitation, parentified child and sibling	A-Dec 05	
				staff, foster parents,		rivalries incorporated into foster		
				and juvenile court		parent training.		
				staff.		P2.12.2.b See P1.7.4.a		
						P2.12.2.c See P1.7.4.b]	
				Jeff Adams		P2.12.2.d See P1.7.4.c]	
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
						P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.h Emphasis on the importance	P-May 06	
						of sibling bonds, long term effects of		
						separation, and importance of		
						visitation, parentified child and sibling	A-May 06	
						rivalries incorporated into BASIC and		
						advanced FCOOHC In-Service		
						training module.		
				P2.12.3 Increase		P2.12.3.a See P1.6.5.a		
				capacity for resource		P2.12.3.b See P1.6.5.b		
				families that accept		P2.12.3.c See P1.6.5.c	1	
				sibling groups.		P2.12.3.d See P1.6.5.d	1	
						P2.12.3.e See P1.6.5.e	1	
				Cindy Wilkinson				

		Program Im	provement Impleme	ntation		
1	2	3	4	5	6	7
Outcome or Systemic Factors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contributing to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity	Improvement					
A N/A	D dist		D			D.D. 2004
Item 13: Visiting X	Renegotiated Baseline = 85.1 %		Parents' visits monitored			P-Dec 2006
with parents and siblings in foster	Daseinie – 63.1 %		through PRR			
care.	7th quarter PRR		Question V-13.			A-
	results = 87.7%		There is a current			
			visitation plan in			
	Renegotiated goal =		place to facilitate			
	86.8% (Goal		reunification.			
	established is		Ciblings sists			
	calculated by taking the 4 th quarter		Siblings visits monitored			
	performance and		through Peer			
	adding 2% increase		Record Review			
	for improvement.)		question V-4:			
			Siblings are			
	Renegotiated		placed together or			
	Baseline = 79.1%		there is ongoing			
	7th quarter PRR		visitation			
	results = 82.2%					
	Renegotiated goal =					
	80.7%					
	(C. 1. (11:1.1:1					
	(Goal established is					
	calculated by taking the 4 th quarter					
	performance and					
	adding 2% increase					
	for improvement.)					
		P2.13.1 Increase	Recommendations	P2.13.1.a Visitation Workgroup	P-Nov 05	
		frequency and quality	from workgroup	presented recommendations on	A-Nov 05	
		of parent/child and	Policy revision	preserving sibling ties.	D Apr 06	
		sibling visits.	Policy revision	P2.13.1.b Revised policy to improve qualitative and quantitative visitation	P-Apr 06 A-Apr 06	
		Cindy Wilkinson		plan requirements.	A-Api 00	
				P2.13.1.c Incorporated policy revision	P-Jul 06	
				into BASIC training and supervisory	A-Jun 06	
				oversight provided to existing staff.		

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril	buting	; to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement					
	A	N/A			DDD	P2 12 1 1 1	D 1 106	
					PRR	P2.13.1.d Incorporated revisions into	R-Jul 06	
					Quarterly data	PRR tool. P2.13.1.e Circuit Managers monitor	A-Jun 06 P-Oct 06	
					reports	data regarding frequency of	P-Oct 06	
					Teports	parent/child/sibling visits.	A-Oct 06	
					Practice	P2.13.1.f Circuit Managers assisted by	P-Oct 06	
					improvement	the PET teams developed practice	1 330 33	
					plans developed	improvement plans using all available	A-Oct 06	
					1	data for guidance.		
Item 14:		X	Baseline 25.9%		Relative			P-Dec 2006
Preserving			G 105 000		Placement			
connections			Goal 27.2%		CD-Outcomes			A-April 2006
			Goal Achieved		#17. Increase the number of			
			Goal Acilieved		children placed			
			Renegotiated		with relative			
			baseline – 82.8%		providers (LS 1-4)			
					Previous data only			
			7th quarter results		captured LS 1			
			for PRR = 86.2 %		children.			
			Renegotiated goal =		PRR V-1			
			84.5%		Consideration was			
					given to relatives			
			(Goal established is		of kin for			
			calculated by taking		placement.			
			the 4 th quarter					
			performance and					
			adding 2% increase for improvement.)					
			ioi impiovement.)	P2.14.1 Increase	Evaluation report	P2.14.1.a Evaluated Family-to-Family	P-May 05	
				emphasis on	2	program regarding applicability for	1 11111 00	
				preserving familial and		statewide implementation.	A-Jan 06	
				community		P2.14.1.b Submitted evaluation	P-July 05	
				connections for		recommendations to administration.	A-Jan 06	
				children in out of		P2.14.1.c Based on results of Family	P-Aug 05	
				home care.		to Family evaluation and review of		
				Kathryn Sapp		other state's best practices determined	A-Jan 06	
				таннун зарр		statewide applicability.		

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity		,	Improvement	110Mon Steps	1/1045 01 01110110		Benchmark	Goal
	Α	N/A						
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-Apr 06	
				P2.14.2 Improve		P2.14.2.a See P1.6.2.a	1	
				diligent search for		P2.14.2.b See P1.6.2.b		
				relatives/missing		P2.14.2.c See P1.6.2.c		
				parents		P2.14.2.d See P1.6.2.d		
				Bonnie Washeck				
				P2.14.3 Revise ICWA	Policy revision	P2.14.3.a Revised ICWA policy to	P-Aug 04	
				policy		reflect best practice standards.	A-Aug 04	
				Cindy Wilkinson Kathryn Sapp	CPS-1	P2.14.3.b ICWA questions	P-May 05	
				таннун барр	CD-14	incorporated into intake (CPS-1) and family assessment (CD-14) tools.	A-Apr 05	
					Policy	P2.14.3.c Newly revised intake &	P-Aug 05	
					disseminated	assessment disseminated to all CD	S	
						staff.	A-Dec 05	
					PRR	P2.14.3.d Add ICWA question to Peer	P-Sept 05	
					DDD 1	Record Review tool.	A-Mar 05	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-Jun 05	
Item 15:		X	Baseline 25.9%		data reports	ICWA for reer Record.	A-Juli 03	P-Dec 2006
Relative		Λ	Daseinie 23.970					F-Dec 2000
Relative placement			Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement). Goal achieved Renegotiated Baseline = 82.8%					A-

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or Systen	nic Fa	ctors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contrib	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benchinark	Goai
	Α	N/A						
			7th quarter PRR		Relative			
			results = 86.2%		Placement			
					monitored			
			Renegotiated goal =		through the			
			84.5% (Goal		number of			
			established is		children placed			
			calculated by taking		with relative			
			the 4 th quarter		provider in legal			
			performance and		status 1-4			
			adding 2% increase		Manitana			
			for improvement).		Monitored			
					through Peer			
					Record Review question V-1:			
					Consideration was			
					given to relatives			
					or kin for			
					placement.			
				P2.15.1 Increase	parenter :	P2.15.1.a See P1.6.1.a		
				system capacity to		P2.15.1.b See P1.6.1.b		
				accurately track		P2.15.1.c See P1.6.1.c		
				placement kinship		P2.15.1.d See P1.6.1.d	-	
				vendor types.		P2.15.1.e See P1.6.1.e	-	
						1 2.13.1.0 500 1 1.0.1.0		
				Lesley Pettit				
				P2.15.2 Improve		P2.15.2.a See P1.6.2 a		
				diligent search for		P2.15.2.b See P1.6.2.b		
				relatives/missing		P2.15.2.c See P1.6.2.c		
				parents.		P2.15.2.d See P1.6.2.d		
				Cindy Williams				
				Cindy Wilkinson P2.15.3 Evaluate		P2.15.3.a See P1.6.7.a		
				support and training		P2.15.3.b See P1.6.7.b	-	
				provided for		P2.15.3.c See P1.6.7.c	1	
				relative/kinship		1 2.13.3.0 500 1 1.0.7.0		
				resource families				
				Cindy Wilkinson				
				Jeff Adams				

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contril	buting	; to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Вененник	Gour
	A	N/A						
Item 16:		X	Renegotiated		Parent Visits			P-Dec 2006
Relationship of child in care with			Baseline = 90.0%		monitored			A A == 2006
parents			7th quarter PRR		through Peer Record Review			A-Apr 2006
parents			results = 88.7%		question V-3:			
					The child is			
			Renegotiated goal =		placed in close			
			90.9%		proximity to			
					his/her family.			
			(Goal established is					
			calculated by taking					
			the 4th quarter performance and					
			adding 1% increase					
			for improvement).					
				P2.16.1 Improve		P2.16.1.a See P1.6.2.a		
				diligent search for		P2.16.1.b See P1.6.2.b		
				non-custodial parent.		P2.16.1.c See P1.6.2.c		
				D ' W 1 1		P2.16.1.d See P1.6.2.d		
				Bonnie Washeck P2.16.2 Improve	DDD O	P16.16.2.a See S2.3.2.a		
				engagement of non-	PRR Outcomes			
				custodial parents in		P16.16.2.b See S2.3.2.b		
				case planning by		P16.16.2.c See S2.3.2.c		
				strengthening		P16.16.2.d See S2.3.2.d		
				worker/supervisor		P16.16.2.e See S2.3.2.e		
				skills in engaging				
				families in the				
				assessment, case planning and case plan				
				review process.				
				Increase parent,				
				caregiver (alternative				
				care provider) and				
				child involvement in				

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril	nic Fa buting	ctors	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement Goal
Non-Conformity			Improvement				Benchmark	Goal
	Α	N/A						
				case assessment, plan development and reassessment.		P16.16.2.f See S2.3.2.f		
				Kathryn Sapp				
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs								
Item 17: Needs and services of child, parents, foster parents		X	Renegotiated Baseline = 88.1% 7th quarter PRR results = 90.0% Renegotiated goal = 89.9% (Goal established is calculated by taking the 4 th quarter performance and adding 2% increase for improvement.)		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment. Previously PRR III-3 and III-10 were used.			P-Dec 2006 A-July 06
				WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial		WB1.17.1.a See S2.3.1.a WB1.17.1.b See S2.3.1.b WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e WB1.17.1.f See S2.3.1.f WB1.17.1.g See S2.3.1.g		

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Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of Achievement	
and Item(s) Contributing to			Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefimark	Goar
	A	N/A						
				and ongoing		WB1.17.1.h See S2.3.1.h		
				assessments.				
				Kathryn Sapp				
				WB1.17.2 Strengthen		WB1.17.2.a See S2.3.2.a	1	
				workers skills in		WB1.17.2.b See S2.3.2.b		
				engaging families in		WB1.17.2.c See S2.3.2.c		
				the assessment, case		WB1.17.2.d See S2.3.2.d		
				planning and case plan		WB1.17.2.e See S2.3.2.e		
				review processes to increase parent,		WB1.17.2.f See S2.3.2.f		
				caregiver (alternative				
				care provider) and				
				child involvement in				
				case assessment, plan				
				development and				
				reassessment.				
				Kathryn Sapp				
				WB1.17.3		WB1.17.3.a See S1.2.2.a		
				Implementation of		WB1.17.3.b See S1.2.2.b	1	
				"Confirming Safe		WB1.17.3.c See S1.2.2.c	1	
				Environments" to		WB1.17.3.d See S1.2.2.d	1	
				reduce the risk for		WB1.17.3.e See S1.2.2.e	1	
				children in		WB1.17.3.f See S1.2.2.f	1	
				foster/kinship care to			1	
				identify needs of child				
				and providers.				
				Cindy Wilkinson				

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contri	buting	; to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefimark	Goar
	A	N/A						
Item 18: Child		X	Renegotiated		Monitored			P-Dec 2006
and family			Baseline 73.8%		through Peer			
involvement in			Til DDD		Record Review			A-
case planning.			7th quarter PRR		question IV-8:			
			results = 78.7 %		The family participated in the			
			Renegotiated goal =		development of			
			75.3%		and signed the			
			751570		service plan.			
			(Goal established is		F			
			calculated by taking					
			the 4 th quarter					
			performance and					
			adding 2% increase					
			for improvement).	WTD 4 40 4 3 5 1 1		W. T. 10.1 G . G0.00		
				WB1.18.1 Maximize		WB1.18.1.a See S2.3.2 a		
				parental/family participation in Family		WB1.18.1.b See S2.3.2 b		
				Support Team		WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d	-	
				Meetings.		WB1.18.1.e See S2.3.2 e		
				8		WB1.18.1.f See S2.3.2 f		
				Bonnie Washeck	Protocol	WB1.18.1.g Established a protocol for	P-Aug 05	
					established	accessing division staff outside of	1 1145 03	
						regular working hours.	A-Aug 05	
				WB1.18.2 Improve the		WB1.18.2.a See P1.7.2a	, ,	
				quality of Family		WB1.18.2.b See P1.7.2b		
				Support Team		WB1.18.2.c See P1.7.2c		
				Meetings.		WB1.18.2.d See P1.7.2d		
				IZ - 41 C -		WB1.18.2.e See P1.7.2e		
				Kathryn Sapp		WB1.18.2.f See P1.7.2f		
				Cindy Wilkinson		WB1.18.2.g See P1.7.2g		
				WD4.40.0 F		WB1.18.2.h See P1.7.2h	D 4 0.5	
				WB1.18.3 Review and		WB1.18.3.a Collected parent	P-Aug 05	
				further develop a	Wadana 11.4	handbooks used by various circuits.	A-Aug 05	
				handbook, to be distributed at the point	Workgroup list	WB1.18.3.b Convened a work group	P-Oct 05	
				of removal, to educate	Parent handbook	to evaluate parent handbooks. WB1.18.3.c Developed a universal	A-Sep 05 P-Jan 06	
				parents on their rights	1 archi hahuuuuk	parent handbook.	A-Jan 06	
				parents on their rights	l	parent nandook.	A-Jan 00	l

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Antina Stano	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	butilig	, 10	Improvement	Action Steps	Wieasurement		Benchmark	Goal
	Α	N/A						
				and responsibilities, court procedures, etc.	Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 R-Jun 06 A-Jun 06	
				Cindy Wilkinson	Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-Jul 06 A-Jul 06	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-Sept 06	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-Oct 06	
Item 19: Worker visits with child – improve quantity and quality		X	The goal has been achieved for PRR V-16.		Monitored through PRR question V-16: The worker visits the child twice every month.			
				WB1.19.1 Develop	Team	WB1.19.1a Appointed visitation	P-Jan 05	
				policy addressing the	appointments	policy and practice team.	A-Feb 05	
				quality of visits to incorporate case	Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
				planning, service delivery and goal attainment.	Workgroup recommendations	WB1.19.1c Visitation Workgroup presented recommendations on how visitation is critical in timely	P-Nov 05 A-Nov 05	
				Bonnie Washeck	Recommendations	reunification to executive staff. WB1.19.1.d Recommendation	P-Jan 06	
				2 Sillie II ablievit	reviewed	reviewed by executive staff.	A-Jan 06	
					Policy draft	WB1.19.1.e Policy drafted.	P-Apr 06 A-Apr 06	
					Policy disseminated	WB1.19.1.f Policy disseminated to staff	P- May 06 A-Jun 06	
						WB1.19.1.g Training began on policy enhancements staff and foster parents.	P-Jul 06 A-Jul 06	
						WB1.19.1.h Utilize Practice Enhancement Teams (PET) to support protocols.	P-Jul 06 A-Jul 06	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-Aug 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib Non-Conformity	outing	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				out-of-home cases. Cindy Wilkinson	PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-Aug 05	
				Kathryn Sapp	Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	P-Sep 05 A-Sep 05	
				WB1.19.3 Tracking system to track worker	Pittill	WB1.19.3.a Reviewed the FCS section of the Family Satisfaction	P-Feb 06	
				visits (date/site).		survey on monthly worker visits with the family.	A-Feb 06	
				Jim Harrison		WB1.19.3.b Reviewed the youth portion of the Family Satisfaction	P-Feb 06	
						survey on bi-monthly worker visits with the out-of-home care child. WB1.19.3.c PET teams annually	A-Feb 06 P-Apr 06	
						analyzed family satisfaction survey data	A-Apr 06	
						WB1.19.3.d Worked with ITSD staff to include worker visit information	P-May 06	
						(with child, parents, foster parents) and sibling visits in the Outcome Reports when converted to SACWIS.	A-May 06	
Item 20: Worker Visit with parent(s).		X	Renegotiated Baseline 84.4% 7 th quarter PRR		Intact and Foster Care Cases monitored through Peer			P-Dec 2006 A-
			results = 80.8% Renegotiated goal = 85.2%		Record Review question IV-14: The worker visits family			
			(Goal established is calculated by taking		(caretakers) at least one time per month.			
			the 4 th quarter performance and adding 1% increase for improvement).					

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	of Achievement
and Item(s) Contril Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A	•					
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents.	Protocols established Revise PRR	WB1.20.1.a Protocols established in WB1.19.1g included in all resource parent training WB1.20.1.b Revised PRR to reflect	P-May 05 R-Jul 06 A-Jul 06 P-Jun 05	
						collateral contacts required per family		
				Bonnie Washeck		risk assessment/reassessment	A-Jun 05	
						WB1.20.1.c See S2.3.2.a	_	
						WB1.20.1.d See S2.3.2.b WB1.20.1.e See S.2.3.2.c	+	
						WB1.20.1.c Sec S.2.3.2.c WB1.20.1.f See S.2.3.2.d	_	
						WB1.20.1.g See S.2.3.2.e		
						WB1.20.1.h See S2.3.2.f		
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3 a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.		WB1.20.2.a See WB1.19.1.a-f		
				b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.		WB1.20.2.b See WB1.19.2 a-c		
				c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet their educational needs								

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	outing	, 10	Improvement	retion steps	Wiedsdreinent		Benchmark	Goal
	A	N/A	•					
Item 21: Children receive appropriate services to meet their educational needs		X	Renegotiated Baseline 94.4% 7th quarter PRR results = 95.8% Renegotiated goal = 95.3% (Goal established is calculated by taking the 4 th quarter performance and adding 1% increase		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006 A-Feb 2006
			for improvement.)	WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.	Protocol developed Education liaisons Circuit Self Assessment	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's. WB2.21.1.b Designated an education liaison at the state level. WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care.	P-Mar 05 A-Apr 05 P-May 05 A-May 05 P-May 05 A-Jul 05	
				Kathryn Sapp	Written local plans Written State plan	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable. WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-May 05 A-Jul 05 P-Aug 05 A-Aug 05	
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools. Kathryn Sapp Cindy Wilkinson	Protocols developed Residential Facility contracts	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment. WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 A-Jun 05 P-Jun 05 R-Jan 06 A-Feb 06	

		Program Im	provement Implem	entation		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	Improvement				Benchmark	Goal
A N/A						
		WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05	
		Cindy Wilkinson Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
			Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
			Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
			Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
			Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school	P-Nov 05	
				districts.	A-Feb 06	
				WB2.21.3.g Protocols incorporated	P-Dec 05	
		WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families.		into BASIC and foster parent training. WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	A-Feb 06 P-Apr 05 A-Apr 05	
		Kathryn Sapp	CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05 P-Sep 05	
			Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril	buting	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity	Ι .	NT/A	Improvement					
	A	N/A			Protocol	WB2.21.4.d Protocol developed for	P-Oct 05	
					developed	accessing early interventions for	F-001 03	
					developed	students at risk for educational	A-Nov 05	
						neglect, truancy and suspension.		
					Protocol	WB2.21.4.e Protocol developed for	P-Oct 05	
					developed	children expelled due to the Safe		
						School Act.	A-Nov 05	
					Protocols	WB2.21.4.f Protocols distributed.	P-Nov 05	
					disseminated	WD2 21 4 a Duoto colo in componente d	A-Feb 06 P-Dec 05	
						WB2.21.4.g Protocols incorporated into BASIC training.	A-Feb 06	
Well-Being 3						mo briste daming.	71 1 00 00	
(WB3): Children								
receive adequate								
services to meet								
their physical and								
mental health								
needs.		N/	Donor of start		DDD W 17. 7%			D.D., 2006
Item 22: Physical health		X	Renegotiated Baseline = 94.9%		PRR V-17: The physical needs of			P-Dec 2006
of the child			Dascinic = 94.970		the child are being			A-Feb 2006
or the child			7th quarter PRR		met.			11100 2000
			results = 97.8%					
			Renegotiated goal =					
			96.8% (Goal					
			established is					
			calculated by taking the 4 th quarter					
			performance and					
			adding 2% for					
			improvement.					
				WB3.22.1 Increase	Circuit Self	WB3.22.1.a Circuits identified	P-Mar 05	
				ability of Children's	Assessment	available local dental resources.	A-Aug 05	
				Division staff and	Dental	WB3.22.1.b Dental coordinator	P-May 05	
				families to access available dental	coordinator list	assigned to each region (local level) to identify barriers and facilitate access	A-Jul 05	
				resources.		to dental providers.	A-Jui US	
	L	L		resources.	<u> </u>	to definit providers.	l	

				Program In	nprovement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	buung	, 10	Improvement	Action Steps	Measurement		Benchmark	Goal
·	A	N/A						
				Bonnie Washeck	Notification letter	WB3.22.1.c Notified dental providers of regional dental coordinators.	P-Aug 05 A-Aug 05	
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-Nov 05	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-Apr 05	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 R-Dec 05 A-Dec 05	
				Bonnie Washeck	Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 R-Jan 06 A-Feb 06	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-Feb 06	
Item 23: Mental health needs of the child		X	Renegotiated Baseline = 94.6% 7th quarter PRR results = 95.9% Renegotiated goal = 95.5% (Goal established is calculated by taking the 4th quarter performance and adding 1% increase for improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006 A-

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				WB3.23.1 Increase the ability of Children's Division staff and	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04 A-Aug 04	
				families to access available mental health resources.	Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated. WB3.23.1.c See S2.3.5	P-Jan 05 A-Jan 05	
				Jim Harrison	Written plan	WB3.23.1.d Mental Health Coordinators convened teams to	P-May 05	
						identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	A-May 05	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS)	P-Aug 05	
						assessed and developed plan to reduce administrative burden on Medicaid providers.	A-Aug 05	
				WB.3.23.2 Increase		WB3.23.2.a See P1.6.3.a		
				awareness of staff and		WB3.23.2.b Increased the number of	P & A-	
				foster parents		staff and foster parents trained on	Ongoing	
				regarding attachment		Working with the Explosive Child	semi-	
				and mental health		(See Training Matrix).	annually	
				issues.		WB3.23.2.c Increased the number of staff and foster parents trained on	P-Sep 04 A-Sep 04	
				Cindy Wilkinson		Grief and Loss (See Training Matrix).	ongoing semi- annual	
					Curriculum	WB3.23.2.d Developed Reactive	P-Mar 05	
					developed	Attachment Disorder curriculum.	A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into	P-Sep 06	
						on-going training.	A-Sep 06	
				WB3.23.3 Increase	CD-14 revision	WB3.23.3.a Incorporated assessment	P-July 05	
				capacity of staff to assess mental health needs of children in		of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	A-Apr 05	
	1	L		needs of children in		∆∠.J.1.U-II).	1	1

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity			Improvement				Benchmark	Goal
	Α	N/A						
				intact families. Kathryn Sapp	Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly R-Nov 06 A-	
Systemic Factors								
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.	X							
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Renegotiated Baseline = 73.8% 7th quarter PRR results = 78.7% Renegotiated goal = 75.3% (Goal established is calculated by taking the 4th quarter performance and adding 2% increase for improvement.		Monitored through Peer Record Review question IV-8. The family participated in the development and signed the service plan. Previous measurement PRR IV-15			P-Dec 2006 A-
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Kathryn Sapp		25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c 25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g 25.1.h See S2.3.1.h		

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	o <i>u</i> , v g	, ••	Improvement	riction Steps	1v1cus ar cilicin		Benchmark	Goal
j	Α	N/A	1					
				25.2 Strengthen		25.2.a See S2.3.2.a		
				worker/supervisor		25.2.b See S2.3.2.b	1	
				skills in engaging		25.2.c See S2.3.2.c		
				families in the		25.2.d See S2.3.2.d		
				assessment, case		25.2.e See S2.3.2.e	1	
				planning and case plan		25.2.f See S2.3.2.f	1	
				review process to				
				increase parent,				
				caregiver (alternative care provider) and				
				child involvement in				
				case assessment, plan				
				development and				
				reassessment.				
				Kathryn Sapp				
				25.3 Improve		25.3.a See S2.3.3.a		
				supervisory capacity to		25.3.b See S2.3.3.b	1	
				monitor practice		25.3.c See S2.3.3.c	†	
				linking the assessment		25.3.d See S2.3.3.d	1	
				with the overall plan.		25.3.e See S2.3.3.e	1	
						25.3.f See S2.3.3.f	1	
				Bonnie Washeck		25.3.g See S2.3.3.g		
						25.3.h See S2.3.3.h		
				25.4 Maximize		25.4.a See P1.6.2.a		
				parental/family		25.4.b See P1.6.2.b]	
				involvement in Family		25.4.c See P1.6.2.c]	
				Support Team		25.4.d See P1.6.2.d]	
				Meetings.		25.4.e See S2.3.2 a]	
				Dannia Waster 1		25.4.f See S2.3.2 b	1	
				Bonnie Washeck		25.4.g See S2.3.2 c	1	
						25.4.h See S2.3.2 d	1	
						25.4.i See S2.3.2 e	1	
						25.4.j See S2.3.2 f		
				25.5 Improve staff	Training	25.5.a Began offering 25	P-Feb 05	
				facilitation skills for	curriculum	supplemental FST trainings to	A E.1.07	
				Family Support Team		selected staff throughout state.	A-Feb 05 P-Feb 05	
				Meetings.		25.5.b Enhanced/Improved FST skill application for BASIC.	A-Feb 05	
	1			l		application for DASIC.	A-FEU US	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or Systen	nic Fa	ctors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	f Achievement
and Item(s) Contrib	outing	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benefillark	Goai
	A	N/A						
				Jeff Adams		25.5.c Advanced FST skill application	P-May 06	
						integrated into advanced Family-		
						Centered Out-of-Home Service In-	A-May 06	
						Service module.	D.Car. Oc	
						25.5.d Advanced FST skill application integrated into Advanced Family-	P-Sep 06	
						Centered Service In-Service module.	A-Sep 06	
Item 26: Process		X	Baseline 62.8%		Monitored	Centered Service in Service module.	71 Sep 00	P-Dec 2006
for 6-month case		11	(derived from		through CD			1 200 2000
reviews			average of 8		Outcomes Report			A-
			quarters in FY 2003		Outcome #12:			
			and 2004)		Children with			
			4.		Timely			
			7 th Quarter		Completion of			
			performance =		Permanency			
			64.5%		Planning Review			
			Goal 69% (Goal		within 30 Days and 6 Months.			
			established through		and o Monuis.			
			method described in					
			Item 15 using					
			Outcomes Report					
			data).					
				26.1 Revised current	Draft policy	26.1.a Developed draft policy	P-Feb 05	
				policy to clarify an		clarifying administrative review	A-Jul 04	
				Administrative Review		requirements and procedures.		
				and requirements		26.1.b Draft policy sent to policy	P-Mar 05	
				Cucan Cayana	D.1''	review team and management.	A-Aug 04	
				Susan Savage	Policy revision	26.1.c Feedback received and revisions made.	P-Apr 05	
					Policy	26.1.d New policy distributed to CD	A-Aug 04 P-Jun 05	
					disseminated	staff.	A-Aug 04	
				26.2 Recruit 3 rd party	Volunteer list	26.2.a Circuit Managers recruited and	P-May 05	
				participants for	v Ordinoor rist	trained a pool of qualified volunteers	1 1v1ay 03	
				Administrative		to participate in six month	A-Nov 05	
				Reviews		administrative reviews.		
						26.2.b Circuit Managers scheduled	P-May 05	
				Cindy Wilkinson		and assigned individual reviewers to	R-Mar 06	
						cases.	A-Mar 06	

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	es of Achievement ark Goal
and Item(s) Contrib Non-Conformity	outing	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				26.3 Increase ability to track 6 month Administrative	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
				Reviews separately from FSTs	CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-Aug 04	
					Revised form	26.3.c Revised form and instructions	P-Jan 05	
				Cindy Wilkinson	disseminated	distributed to all CD staff.	A-Aug 04	
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months		X	Will extract data on most recent court date from ACTS system. Baseline established on March 31, 2005 86.3%. Goal=88.0% Goal Achieved					
thereafter.				27.1 Improve access to legal representation for CD.		27.1.a See P1.9.4.a 27.1.b See P1.9.4.b 27.1.c See P1.9.4.c		
				Jim Harrison		27.1.d See P1.9.4.d 27.1.e See P1.9.4.e 27.1.f See P1.9.4.f 27.1.g See P1.9.4.g 27.1.h See P1.9.4.h 27.1.i See P1.9.4.i		

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	Jutilig	, 10	Improvement	Action Steps	ivieasurement		Benchmark	Goal
	Α	N/A						
				27.2 Implement		27.2.a Current curriculum evaluated	P-Apr 05	
				training to develop		by Division of Legal Services.	A-Dec 04	
				testifying skills for CD		27.2.b Obtained technical assistance	P-Jun 05	
				staff.		from DLS, NRC and OSCA.	A-Jul 05	
					Curriculum	27.2.c Based on evaluation and	P-Oct 05	
				Jeff Adams	modified	technical assistance curriculum		
						modified.	A-Oct 05	
						27.2.d Modified curriculum approved.	P-Dec 05	
							A-Dec 05	
					Training	27.2.e Modified curriculum	P-Mar 06	
					curriculum	incorporated into Basic and OJT for		
						existing staff.	A-Mar 06	
				27.3 Increase the		27.3.a See 27.2.a		
				timeliness of 12		27.3.b See 27.2.b		
				month Permanency		27.3.c See 27.2.c		
				Hearings		27.3.d See 27.2.d		
				C! 1 177111		27.3.e See 27.2.e		
				Cindy Wilkinson	Report on circuits	27.3.f Collaborated with OSCA at the	P-May 05	
				Kathryn Sapp	where issues need	state level to ensure joint		
					to be addressed	accountability for timely court	A-Jun 05	
						hearings and identify circuits where		
						CD and court issues needed to be		
						addressed.		
					Workgroup	27.3.g Developed on-going Court	P-June 05	
					participant list	Issues workgroup to monitor		
						timeliness of hearings.	A-Aug 05	
						27.3.h Developed local protocols	P-July 05	
						between the court and CD offices to	A A	
					ECE 1:	ensure timely hearings.	A-Aug 05	
					FST policy	27.3.i Revised Family Support Team	P-Jul 05	
					revision	policy to assure 12 month Permanency	A T ₁₁ 1 O 5	
						Hearing date is discussed and documented during team meeting.	A-Jul 05	
						27.3.j Incorporated new FST policy	D Aug 05	
						into BASIC and OJT training for	P-Aug 05 R-Apr 06	
						existing staff.	A-Apr 06	
				27.4 Provide cross		27.4.a See P1.7.4.a	71-71 00	
				training to judiciary,		27.4.a See F1.7.4.a 27.4.b See P1.7.4.b	1	
				court staff, GALs and		27.4.0 See F1.7.4.0 27.4.c See P1.7.4.c	1	
2/22/2007	<u> </u>	j		Court starr, UALS and	1	27.4.0 DCC F1.7.4.0	<u> </u>	50

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	P-Dec 2006 A-July 2006
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri	buting	g to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Вененник	Cour
	A	N/A						
				Children's Division		27.4.d See P1.7.4.d		
				staff on ASFA &		27.4.e See P1.7.4.e		
				Permanency hearings		27.4.f See P1.7.4.f		
				consistent with state				
				and federal				
				regulations.				
				Jeff Adams				
Item 28:		X	Baseline 83.4%		Monitored			P-Dec 2006
Provides a			0 1 11 1		through PRR V-			A T 1 2005
process for			Goal achieved		14:			A-July 2006
ermination of			Goal 87.5%		TPR has occurred or been filed			
parental rights proceedings in			(Goal established is		when the child			
accordance with			calculated by taking		has been in Out-			
provisions of			the average of 8		of-Home Care for			
ASFA.			quarters		15 of the most			
10171.			performance in 2003		recent 22 months,			
			and 2004 and		or compelling			
			adding 5% of the		reasons are			
			average to measure		documented.			
			improvement.)					
				28.1 Improve access to		28.1.a See P1.9.4.a		
				legal representation for		28.1.b See P1.9.4.b		
				CD.		28.1.c See P1.9.4.c		
						28.1.d See P1.9.4.d		
				Jim Harrison		28.1.e See P1.9.4.e		
						28.1.f See P1.9.4.f		
						28.1.g See P1.9.4.g		
						28.1.h See P1.9.4.h		
						28.1.i See P1.9.4.i		
				28.2 Strengthen		28.2.a See S2.3.2.a		
				worker/supervisor		28.2.b See S2.3.2.b		
				skills in engaging		28.2.c See S2.3.2.c		
				families in the		28.2.d See S2.3.2.d		
				assessment, case		28.2.e See S2.3.2.e		

			Program Im	provement Impleme	entation		
1		2	3	4	5	6	7
Outcome or Systemic I and Item(s) Contribution		Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o Benchmark	f Achievement Goal
Non-Conformity		Improvement				Delicilliark	Goal
A	. N/.	A					
			planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		28.2.f See S2.3.2.f		
			Kathryn Sapp 28.3 Termination of		28.3.a See P1.9.1a		
			Parental Rights will be		28.3.b See P1.9.1.b		
			filed in a timely		28.3.c See P1.9.1.c		
			manner, except when		28.3.d See P1.9.1.d]	
			compelling reasons are documented.		28.3.e See P1.9.1.e		
			Cindy Wilkinson				
			28.4 Improve diligent		28.4.a See P1.6.2.a		
			search for relatives/parents		28.4.b See P1.6.2.b		
			relatives/parents		28.4.c See P1.6.2.c		
			Bonnie Washeck		28.4.d See P1.6.2.d		
			28.5 Collaborate with OSCA to amend	Draft proposal	28.5.a Proposal drafted.	P-Aug 05 A-Aug 05	
			211.447 RSMo to		28.5.b Written proposal reviewed by	P-Oct 05	
			ensure consistency		OSCA and the Department.	A-Aug 05	
			w/ASFA requirements regarding filing of	Meeting agenda	28.5.c Meetings held between OSCA and the Department of Social Services	P-Nov 05	
			TPR petitions w/in 60	D 0.1 11.1	to finalize proposal.	A-Aug 05	
			days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.	Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-Jul 06	
			Jim Harrison				

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	enchmarks Toward Achieving Goal Benchmark Benchmark Goal I.a Implemented HB 1453. P-Aug 04 A-Aug 04 A-Aug 04 I.b Revised consumer surveys for ster parents, youth and bio parents incorporate questions regarding tification of court hearings and portunity to be heard in court. I.c Emphasized to staff the portance of including correct names d addresses in court reports. I.d Comprehensive Child Welfare Page 04 A-Aug 04 A-May 2005 A-May 2005	
Non-Conformity		,	Improvement	Trouble Steps			Benchmark	Goal
	A	N/A						
Item 29: Provides a		X		29.1 Increase ability of foster parents to be		29.1.a Implemented HB 1453.		
process for foster parents, re- adoptive parents, and relative				notified of and heard in court. Bonnie Washeck	foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and A-Jun 05 A-Jun 05		A-May 2005	
caregivers of children in foster care to be						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	A-Apr 05	
notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.		
Item 30: Standards to assure quality services and ensure children's safety and health	X							
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X							
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						P-Dec 2006 A-

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated	A stinu Ctons	Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contrib Non-Conformity	outing	ιο	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				33.1 Develop supervisory training for front line		33.1.a Professional Development and Training collaborated with HRC for	P-Feb 04	
				supervisors.	Training agenda	on-going supervisors training. 33.1.b Implemented Module Four of the CPS Supervisor Training Project.	A-Feb 04 P-Mar 04 A-Apr 04	
				Jeff Adams	Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Nov 04	
					Debriefing report List of trainings	33.1.e CPS Supervisor TrainingProject Debriefing.33.1.f HRC supervisor administrative	P-Dec 04 A-Dec 04 P-Dec 04	
					offered	pre-service training began for CD supervisors.	A-Nov 04	
					Curriculum developed	33.1.g Professional Development and Training completed development of	P-July 05	
						new supervisor training curriculum/structure including initial and on-going training.	A-Jul 05	
						33.1.h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-Aug 05	
						33.1.i Professional Development and Training selected one rural and one	P-Aug 05	
						metro field test site.	A-Aug 05	
						33.1.j Professional Development and Training field tested curriculum in two	P-Sep 05	
					Evaluation report	test sites 33.1.k Professional Development and	A-Sep 05 P-Jan 06	
					Curriculum	Training evaluated field test results 33.1.1 Professional Development and	A-Jan 06 P-Jan 06	
					revised	Training, revised curriculum based on evaluation	A-Jan 06	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-Jun 06 A-Jul 06	
				33.2 Develop advanced in-service training module for investigations and	Curriculum developed	33.2.a Professional Development and Training developed advanced inservice curriculum for investigators and assessors.	P-Oct 04 A-Sept 04	

				Program Im	provement Implem	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contri Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				assessments Jeff Adams		33.2.b CD administration approved advanced investigation and assessment in-service training module.	P-Nov 04 A-Sept 04	
				Jen Adams	Training dates	33.2.c Professional Development and Training began training advanced	P-Jan 05	
						investigation and assessment curriculum.	A-Sept 04	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced	P-June 05	
						investigation and assessment training module and made revisions.	A-Jun 05	
						33.2.e Professional Development and Training implemented revised investigation and assessment	P-Jul 05 A-Jul 05	
						advanced in-service training statewide.	A-Jul 03	
				33.3 Develop	Workgroup	33.3.a Professional Development and	P-Feb 04	
				advanced in-service training module for Family- Centered	participant list	Training formed workgroup to develop Family-Centered Services advanced in-service training module.	A-Feb 04	
				Services	Focus group report	33.3.b Professional Development and Training workgroup conducted focus	P-Mar 04	
				Jeff Adams		groups for feedback on Family- Centered Service training needs.	A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered	P-Mar 04	
						Service focus group feedback.	A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-	P-Aug 05	
						service curriculum for Family-Centered Services.	A-Aug 05	
						33.3.e CD administration approved advanced Family-Centered Services	P-Aug 05	
						in-service training module.	A-Sep 05	
					Training dates	33.3.f Professional Development and Training began training advanced	P-Sep 05	
						Family-Centered Services curriculum.	A-Oct 05	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity		,	Improvement	Trouble Steps			Benchmark	Goal
	Α	N/A						
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-Feb 06	
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-Sep 06	
				33.4 Develop advanced in-service training module for Family- Centered Out- of-Home Care services Jeff Adams	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced inservice training module.	P-Jun 04 A-Jun 04	
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced inservice curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-Oct 05	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-Feb 06	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-Feb 06	

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System	nic Fa	ctors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
,	Α	N/A						
					Curriculum	33.4.g Professional Development and	P-Mar 06	
					revision	Training evaluated advanced Family-		
						Centered Out-of-Home Care Services	A-Mar 06	
						training module and made revisions.		
						33.4.h Professional Development and	P-May 06	
						Training implemented revised Family-		
						Centered Out-of-Home Care Services	A-May 06	
						advanced in-service training		
						statewide.		
				33.5 Enhanced On-	Workgroup	33.5.a Professional Development and	P-Mar 04	
				The-Job (OJT)	participant list	Training and Children's Services	A 34 04	
				Training	T 1 .: 1	Specialist formed OJT workgroup.	A-Mar 04	
				Jeff Adams	Evaluation tools	33.5.b Workgroup developed new	P-Mar 05	
				Jen Adams	developed	evaluation tools for OJT activities.	A-Mar 05	
						33.5.c Children's Services Specialists	P-June 05	
						provided enhanced OJT in field and served as clinical mentors/trainers for	A-Jun 05	
						OJT.	A-Juli 03	
					Core team	33.5.d Created a core team consisting	P-Jan 06	
					members	of social work specialists, supervisors,	A-Jan 06	
						workers and trainer to enhance the		
						provision of On-the-Job Training		
						(OJT).		
					List of core skills/	33.5.e Identified core skills/	P-Apr 06	
					competencies	competencies that CD will expect new		
					G1 '11 1 1	staff to have after completing BASIC.	A-Apr 06	-
					Skill guide	33.5.f Beginning skills guide to be	P-Apr 06	
						developed for use by supervisors.	A-Apr 06	-
						33.5.g Supervisors commented on the	P-Jun 06	
						skills/guide list. 33.5.h Skills guide modified after	A-Jun 06 P-Jun 06	-
						comment periods.	A- Jul 06	
						33.5.i Skills guide/list available for	P-Aug 06	1
						statewide use by supervisors.	A-Aug 06	
				33.6 Create training	Advisory	33.6.a Professional Development and	P-Mar 05	
				advisory Committee to	Committee	Training created state training	R-Oct 06	
				annually assess needs	participant list	advisory committee, including schools	A-Oct 06	
				and evaluate training	participant not	of social work.	11 001 00	

				Program In	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	; to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A	<u>F</u> · · · · · · · ·					
		1111		Jeff Adams	Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 R-Oct 06 A-Oct 06	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 R-Nov 06 A-	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 R-Nov 06 A-	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 R-Dec 06 A-	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	
				Cindy Wilkinson	Training agenda	33.7.b Held first CA/N Training Institute Session	P-Apr 04 A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-Feb 05	
				33.8 Provide training based on circuit specific needs	Circuit Self- Assessments	33.8.a Circuits completed Circuit Self-Assessments 33.8.b Circuits notified Professional	P-Aug 04 A-Aug 04 P-Nov 04	
				Jeff Adams		Development and Training Unit of targeted training needs 33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	A-Nov 04 P-Jan 05 A-Jan 05	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the	X							

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
,	Α	N/A						
necessary skills and knowledge								
Item 35: Service array		X						P-Dec 2006 A-July 2006
				35.1 Increase access and availability to dental services		35.1.a See WB3.22.1.a 35.1.b See WB3.22.1.b 35.1.c See WB3.22.1.c 35.1.d SeeWB3.22.1.d		
				Bonnie Washeck		35.1.e SeeWB3.22.1.e	D. J. O. J.	
				35.2 Increase the ability of staff and families to access Alcohol and Drug	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04 A-Jan 04	
				Abuse Services (ADA)	Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	
				Jeff Adams	Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test,	P-Apr 05	
						including target audiences and how many staff	A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings	P-Jun 06	
_				25 2 1		across the state.	A-Jul 06	
				35.3 Increase availability of		35.3.a See P1.6.5.a 35.3.b See P1.6.5.b	1	
				specialized foster		35.3.c See P1.6.5.c	1	
				homes for older youth,		35.3.d See P1.6.5.d	1	
				siblings, disabled and medically fragile children.		35.3.e See P1.6.5.e		
				Cindy Wilkinson				

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		f Achievement
Non-Conformity	James		Improvement	retion steps	Wiedgarement		Benchmark	Goal
	A	N/A						
				35.4 Increase availability of and access to parenting classes and	Circuit self- assessment	35.4.a Through circuit self- assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
				family/parent aide services.	CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-Feb 06	
				Bonnie Washeck		and parenting class service	7110000	
				35.5 Increase services to meet the needs of	Circuit self- assessments	35.5.a Through circuit self-assessment, determined available	P-Mar 05	
				non-English speaking consumers.		interpretive services for non-English speaking clients	A-Aug 04	
				Kathryn Sapp	Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with	P-May 05	
						identified need	A-Jul 05	
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to	P-Dec 05	
						accommodate growing Hispanic population)	A-Dec 05	
				35.6 Increase availability of	Circuit self- assessment	35.6.a Available transportation services determined through circuit	P-Mar 05	
				transportation services.		self-assessment.	A-Aug 04	
				Bonnie Washeck		35.6.b Recruited regional service organizations to provide transportation	P-May 05	
					CTDC	services.	A- Jul 05	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-Feb 06	
Item 36: The services in item		X		See Item 35, 1-6		contracts.	A-1'00'00	P-Dec 2006
35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.								A-July 2006
Item 37: The		X						P-Dec 2006
services in item 35 can be								A-July 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates o	f Achievement
and Item(s) Contril	buting	to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement					
	A	N/A						
individualized to								
meet the unique								
needs of children and families								
served by the								
*								
agency.				37.1 Increase access to		See Item 35 1-6		
				existing services		See Item 33 1 0		
				37.2 Strengthen		37.2.a See S2.3.2.a		
				worker/supervisor		37.2.b See S2.3.2.b	1	
				skills in engaging		37.2.c See S2.3.2.c		
				families in the		37.2.d See S2.3.2.d		
				assessment, case		37.2.e See S2.3.2.e		
				planning and case plan		37.2.f See S2.3.2.f		
				review process to				
				increase parent,				
				caregiver (alternative				
				care provider) and child involvement in				
				case assessment, plan				
				development and				
				reassessment.				
				10abbobbillolit.				
				Kathryn Sapp				
Item 38: Engages	X			, ₂				
in ongoing								
consultation with								
critical stakeholders in								
developing the								
CFSP CFSP								
Item 39: Develops	X							
annual progress								
reports in								
consultation with stakeholders								
Item 40:	X							
Coordinates	Z 1							
services with other								
federal programs								

				Program Im	provement Impleme	entation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates o	f Achievement
Non-Conformity	Junne	; 10	Improvement	Action Steps	Wieasurement		Benchmark	Goal
	Α	N/A						
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						P-Dec 2006 A-July 2006
				44.1 Increase the number of resource families. Cindy Wilkinson		44.1.a See P1.6.5.a 44.1.b See P1.6.5.b 44.1.c See P1.6.5.c 44.1.d See P1.6.5.d 44.1.e See P1.6.5.e 44.1.f See P 2.12.3.a 44.1.g See P 2.12.3.b 44.1.h See P 2.12.3.c 44.1.i See P 2.12.3.d 44.1.j See P 2.12.3.d		
Item 45: Uses cross-jurisdictional resources to find placements	X							

Children's Bureau Child and Family Services Reviews IV. Program Improvement Plan Matrix (PIP Matrix)

State:	Missouri		ACF	Regional Office:		
State cor	tact and telephone:	Lee Temmen, 573-526-3735	Region I	Region IV	X Region VII	Region X
ACF Co	ntact and telephone:	Ann Burds, 816 426-2260	Region II	Region V	Region VIII	
Date and	quarter submitted:	March 1, 2007 – 8 th Quarter	— Region III	Region VI	Region IX	
						Gray = completed

A = Achieved N/A = Not Achieved *Performance derived using the average of pervious four quarters performance

				Program Imp	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Benchmark	Achievement Goal
Tron-comornity	l A	N/A	Improvement					
Safety Outcome S1:	71	14/11						
Item 1: Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004) Goal = 80.4% 8th Quarter performance = 73.4%		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected - Dec 2006 Actual - Nov 2006
				S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment. Kathryn Sapp	Policy issuance	S1.1.1.a Refined definition of "initiating" reports. S1.1.1.b Policy clarified regarding multi disciplinary team contact. S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child. S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-Mar 05 P- Mar 05 A-Mar 05 P-Mar 05 A-Mar 05 P-Mar 05 A-May 05	

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity			Improvement	redon steps	ivicusurement		Benchmark	Goal
	A	N/A						
				S1.1.2 Increase accuracy of data		S.1.1.2.a Data system entry guidelines clarified for "initial contact".	P-Aug 05 A-Aug 05	
				regarding initial contact. Kathryn Sapp		S.1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-Jan 06	
				Susan Savage	PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-Oct 05	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
				alternative protocols for managing non CA/N referrals	Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
				Virginia Lewis-Brunk	Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test site continuation.	P-Apr 05 A-Apr 05	
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Apr 05 A-Apr 05	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas	P-Aug 05 A-Apr 05	

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	3411112	, 10	Improvement	retion steps	Wicasarement		Benchmark	Goal
	A	N/A						
				S1.1.4 Develop improvement plan to respond timely to	Circuit self- assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04	
				reports of maltreatment	Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-Mar 05	
				Kathryn Sapp	Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
				S1.1.5 Call	Protocols	S1.1.4.d Monitored the improved timeliness of initial child contact. S1.1.5.a Began development of SDM	P-Jul 05 A-Jul 05 P-Dec 03	
				Management and Structured Decision	developed	and Call Management protocols for CA/N HU.	A- Dec 03	
				Making (SDM) Protocols Implemented at the		S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU	P-Apr 04	
				Child Abuse and Neglect Hotline Unit	Training agenda	process. S1.1.5.c Remaining CA/N HU staff trained on protocols and using call	A-Apr 04 P-Aug 04	
				(CA/N HU) to provide		management system.	A-Aug 04	
				consistent screening and classification of	CA/N HU Supervisory	S1.1.5.d CA/N HU Supervisory Review tool developed to assess	P-Sept 05	
				calls received.	Review Tool developed	quality.	A-Sept 05	
				Charlotte Gooch		S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-Jun 05	
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-Oct 05	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A- Jan 06 Quarterly	
				S1.1.6 Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and	PowerPoint Presentation	S1.1.6.a. Revised and provided training as needed to community partners on differences between CA/N reports and non-CA/N (mandated reporter) related Alpha referrals.	P-Feb 05 Ongoing A-Feb 05 Ongoing	

				Program Imp	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	Dutilig		Improvement	Action steps	Wieasurement		Benchmark	Goal
	Α	N/A						
				statutory mandates,		S1.1.6.b. Local staff presented	P-July 05	
				with existing available		training to school personnel as		
				resources.		requested.	A-July 05	
						S1.1.6.c. Defined what statutory core	P-Dec 05	
				Kathryn Sapp		functions are.	A-Dec 05	
					Draft plan	S1.1.6.d. Developed proposed plan	P- Dec 05	
						for information dissemination on		
						practice changes regarding non CA/N calls.	A-Dec 05	
					Consult with	S1.1.6.e. Consulted with National	P-Feb 06	1
					NRC-CPS	Resource Center on Child Protective		
						Services regarding non CA/N	A-Nov 05	
						referrals.		
						S1.1.6.f. Shared proposed plan with	P-Apr 06	
						Regional Directors.	A-Apr 06	
					Modified plan	S1.1.6.g. Modified proposed plan, if	P-May 06	
						needed, based on recommendations of		
						the Regional Director	A-May 06	
						S1.1.6.h Shared proposed plan with	P-Jun 06	
						and provided (mandated reporter)	A-Jun 06	
						training to CJA taskforce.		
					CJA	S1.1.6.i .Shared CJA taskforce	P-Jul 06	
					recommendations	recommendations with CD		
						administration.	A-Jul 06	
						S1.1.6.j. CD continued to accept non	P-Oct 06	
						CA/N referrals based on feedback	Ongoing	
						from CJA Taskforce and other	4.0.05	
						community partners, but continued to	A-Oct 06	
						discuss alternative ways of handling	Ongoing	
						these calls of concern.	D.Mar. Oc	
						S1.1.6.k. Continued to provide	P-Nov 06	
						mandated reporter training to MO	A Nov Oc	
						Hospital and School Counselors Associations.	A-Nov 06	
Item 2: Repeat		X	CA/N Recidivism					P-Dec 2006
maltreatment			Nat'l Standard					
TD 0			6.1 % or less					A G . 2005
Recurrence of								A-Sept 2005
Maltreatment:								

				Program Impi	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity			Improvement				Benchmark	Goal
	Α	N/A						
Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month			Baseline 8.3% NCANDS Goal 7.4% (Based on Federal formula for goal setting. 8th quarter performance= 4.2% based on quarterly Outcome Report not NCANDS. NCANDS data not available quarterly.					
period				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment. Kathryn Sapp Cindy Wilkinson	PRR revision Training curriculum Training agenda Evaluation Report In-service training agenda	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool. S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results. S1.2.1.c Conducted initial in-service training with CD and court staff. S1.2.1.d Evaluated SDM Peer Record Review Outcomes. S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.	P-Jan 04 A-Feb 04 P-Feb 04 A-Mar 04 P-Jun 04 A-Jun 04 P & A-Ongoing & quarterly P-Feb 05 A-Dec 04	
						S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool. S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training. S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Apr 05 A-Apr 05 P-Jul 05 A-Jul 05 P-Sep 05 ongoing A-Sep 05	

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	Juni	, 10	Improvement	Action steps	Wicasurement		Benchmark	Goal
	Α	N/A						
Incidence of			CA/N in AC Nat'l					P-Jan 2007
Child Abuse			Standard 0.57% or					
and/or Neglect			less					A-Jan 2007
in Foster Care:			MO FFY 2003					
Of all children			NCANDS					
who were in			Baseline 0.37%					
foster care								
during the			Goal Achieved					
reporting period								
of the fiscal year, what percent								
experienced								
maltreatment								
from foster								
parents or								
facility staff								
members?				C1 2 2 Implementation	Tacining aganda	S1.2.2.a All staff trained in CSE	P-Jul 04	
				S1.2.2 Implementation of "Confirming Safe	Training agenda	process in test sites of Pettis, Cooper,	P-Jul 04	
				Environments" (CSE)		and Greene.	A-Jul 04	
				process.	Training agenda	S1.2.2.b Trained one Out-of-Home	P-Jul 04	
						Unit on CSE in St. Louis City.	A-Jul 04	
				Susan Savage		S1.2.2.c In-house expertise developed	P-Dec 04	
					T 1	for training	A-Dec 04	
					Evaluation report	\$1.2.2.d Central Office staff	P-Mar 05	
						summarized test site implementation in Pettis, Cooper and Greene for		
						Child Protection	A-Mar 05	
					Review of CSE	S1.2.2.e Strengths in summary and	P-Aug 05	†
					curriculum	CSE curriculum identified by		
						Visitation Workgroup.	A-Aug 05	
					Workgroup	S1.2.2.f. Visitation Workgroup	P-Nov 05	
					recommendations	presented recommendations on enhancing visitation and safety	A-Nov 05	
					report	policies throughout the continuum of	A-INOV UJ	
						services to Executive staff.		
						S1.2.2.g. Executive staff met to	P-Jan 06	†
						approve recommendations.	A-Jan 06	

				Program Impi	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	Juni	, 10	Improvement	Action Steps	Wiedsdreinent		Benchmark	Goal
	Α	N/A						
						S.1.2.2.h. Central Office staff met to	P-Feb 06	
						begin addressing policy assignments.	A-Feb 06	
						S1.2.2.i Developed safety policy	P-Apr 06	
						regarding assessment of safety at and		
						throughout placement.	A-Apr 06	
					Meeting notes	S1.2.2.j Staff Training and	P-Apr 06	
						Development met to discuss		
						incorporating Visitation Workgroup recommendations into training for	1 1 nr 06	
						staff and foster parents	A-Apr 06	
					Policy memo	S1.2.2.k Policy memo disseminated	P-May 06	†
					1 0110 / 11101110	to staff.	A-May 06	
					Training plan	S1.2.2.1 Training began on policy	P-Jul 06	
						enhancements to new and existing		
						staff.	A-Jul 06	
				S1.2.3 Strengthen	Convened	S1.2.3.a Visitation Workgroup	P-May 05	
				policy regarding	Visitation	convened to review current visitation		
				assessment of safety at	workgroup	and safety policy.	A-May 05	
				and throughout	Workgroup	S1.2.3.b Visitation Workgroup	P-Nov 05	
				placement.	Recommendations	presented recommendations on enhancing visitation and safety	A-Nov 05	
				Cindy Wilkinson		policies throughout the continuum of	A-110V 03	
				Ciliay Williamson		services to Executive staff.		
					Draft policy	S1.2.3.c Developed safety policy	P-Apr 06	
					ī	regarding assessment of safety at and	1	
						throughout placement.	A-Apr 06	
						S1.2.3.d Staff Training and	P-Apr 06	
						Development met to discuss		
						incorporating Visitation Workgroup	A-Apr 06	
						recommendations into training for		
					Policy	staff and foster parents. S1.2.3.e Policy disseminated.	P- May 06	
					disseminated	51.2.5.e roncy disseminated.	A-June 06	
					GISSCHIHIAUCU	S1.2.3.f Training began on policy	P-Jul 06	
						enhancements to new and existing	A-Jul 06	
						staff		
				S1.2.4 Practice		S1.2.4.a Developed PET roles and	P-Feb 05	
				Enhancement Teams		responsibilities.	A-Feb 05	

				Program Imp	rovement Implemen	itation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		,	Improvement	Tions Steps			Benchmark	Goal
	A	N/A	·					
				(PET) assist Circuit Managers in	Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
				development of improvement	Current data on repeat	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in	P-Apr 05	
				strategies to reduce repeat maltreatment	maltreatment	the areas of repeat maltreatment and CA/N in foster care.	A-Apr 05	
				and CA/N in foster care.	List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement	P-May 05	
				D ' W 1 1		strategies.	A-Jul 05	
				i	Program improvement	S1.2.4.e Program improvement plans implemented by Circuit Managers	P-Aug 05	
					plans developed	and staff.	A-Aug 05	
				S1.2.5. Strengthen policy and practice	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports	P-June 04	
				relating to chronic neglect and	***	completed by CD and Institute of Applied Research (IAR).	A-Feb 04	
				accumulation of harm. Kathryn Sapp	Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
				Taum yn Supp	Training	S1.2.5.c Training Curriculum for pilot	P-July 05	
					curriculum	sites developed regardless of waiver outcome.	A-Jun 05	
						S1.2.5.d Three pilot sites selected	P-July 05	
						(Jasper, McDonald and Newton counties) based on negotiations with	A-Jun 05	
					Training agenda	Federal partners. S1.2.5.e Pilot sites trained by FCS	P-Jul 05	
					IAR Screening Tool	consultants. S1.2.5.f Used IAR's screening tool to determine if families meet the CN	A-Jun 05 P-Nov 05	
					1001	criteria.	A-Oct 05	
					Tracking tool	S1.2.5.g Developed a tool for manual	P-Feb 06	
						tracking of CN families to be utilized	R-May 06	
						throughout pilot	A-May 06	
						S1.2.5.h Met with Regional and	P-Jun 06	
						Circuit administrators to strategize about next steps and community	A-Jun 06	
						forum.	73-Juil UU	

				Program Im	provement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity			Improvement	•			Benchmark	Goal
	A	N/A						
						S1.2.5.i Held community forum to gain support from stakeholder.	P-Jul 06 R-Aug 06 A-Aug 06	
						S1.2.5.j Initiated pilot.	P-Aug 06 R-Oct 06 A-Sep 06	
					Evaluation report	S1.2.5.k CD staff evaluated short term output of pilot effectiveness.	P-Jan 07 A-Jan 07	
				S1.2.6 Develop performance-based contract for foster parents	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-May 05	
				Bonnie Washeck		S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-Apr 06	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-Mar 06	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06 A-Mar 06	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-May 06	
Safety Outcome S2:								
Item 3: Services to family to protect child(ren) in home and prevent removal		X	Renegotiated Baseline = 88.1% 8th quarter PRR performance =		Peer Record Review (PRR) IV-13. Services being provided to the family are			P-Dec 2006 A-July 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Renegotiated goal = 89.9% (Goal established is calculated by taking the 4 th quarter performance and adding 2% increase for improvement.)		adequate to meet their needs as identified in the assessment. (Previous measure used was IV-15).			
			,	S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a	Draft of CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2. S2.3.1.b CD-14 family assessment	P-Sep 04 A-Sep 04 P-May 05	
					Evaluation report	tool field test expanded to other sites. S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	A-Feb 05 P-Jun 05 A-Mar 05	
					Revised CD-14	S2.3.1.d Revised CD-14 as needed. S2.3.1.e Recommendations regarding	P-Jul 05 A-Apr 05 P-Feb 06	
				mechanism for family self-assessment and		changes made.	A-Feb 06	
				identified areas specifically related to child safety and risk concerns (to be completed concurrently with S2.3.2) Kathryn Sapp	Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 R-Jan 06 A-Dec 05	
					Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-Feb 06]
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-Feb 06	
				S2.3.2 Strengthen worker/supervisor skills in engaging		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four	P-Aug 04	
				families in the assessment, case		circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	A-Aug 04	
				planning and case plan review process to	Supplemental Supervisory	S2.3.2.b Focus group results compiled and used for supplemental	P-Oct 04	
				increase parent,	Training	supervisory training.	A-Oct 04	

		Program Imp	rovement Implemen	ntation		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	Improvement	redon steps	Wicasarement		Benchmark	Goal
A N/A						
		caregiver (alternative care provider) and child involvement in case assessment, plan	Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-Feb 05	
		development and reassessment. Bonnie Washeck		S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
		Bonnie Washeck	Training agenda and summary of	S2.3.2.e Training provided for existing staff and feedback solicited	P-Oct 05	
			feedback Survey results and circuit	from trainees on training. S2.3.2.f PET teams annually analyzed family satisfaction survey data and	A-Oct 05 P-Nov 05 annually	
			improvement plans	PDR results for improvement with the expectation that circuits develop	R-Apr 06	
				methods to improve.	A-Apr 06	
		S2.3.3 Improve		S2.3.3.a Reviewed existing	P-May 05	
		supervisory capacity		supervisory case review tools.	A-May 05	
		to monitor enhanced	Draft of tool	S2.3.3.b Created draft standardized	P-June 05	
		practice relating to		supervisory case review tool.	A-Sep 05	
		case planning. Susan Savage		S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-Sep 05	
			Feedback	S2.3.3.d Feedback from field testing	P-Jan 06	
			summary	reviewed by review team.	A-Dec 05	
			Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-Jan 06	
			Protocol established and	S2.3.3.f Protocol for supervisory case review established and manual	P-Jan 06	
			manual revision	revisions made.	A-Jan 06	
				S2.3.3.g System automation	P-Feb 06	
				completed for supervisory case	R-Jul 06	
			D.1'.	review tool.	A-Jul 06	
			Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 R-Jul 06 A-Jul 06	
		S2.3.4 Establish	Implemented	S2.3.4.a Developed service access	P-Aug 05	
		procedures to access various service		funding grid and guidelines.	A-Aug 05	

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity			Improvement				Benchmark	Goal
·	Α	N/A	1					
				funding streams.	Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all	P-Sept 05	
				Bonnie Washeck	distributed	staff.	A-Feb 06	
				S2.3.5. Per new		S2.3.5.a Barriers identified for	P-Jan 05	
				legislation, develop		children needing mental health	A-Jan 05	
				state comprehensive		services.		
				children's mental		S2.3.5.b Funding mechanisms	P-Jan 05	
				health plan to increase		established for providing mental		
				level of cooperation	G 11 1	health services.	A-Jan 05	
				between court, mental health, child welfare	Coordination plan	S2.3.5.c Plan developed for	P-Jan 05	
				and families.		coordination of resources from multiple agencies.	A Jan 05	
				and families.		S2.3.5.d Evaluation methodology	A-Jan 05 P-Jan 05	
				Jim Harrison		established.	A-Jan 05	
					Report	S2.3.5.e Report with	P-Jan 05	
					submission	recommendations submitted to		
						legislators and governor.	A-Jan 05	
Item 4: Risk of		X			PRR IV-13 was			P-Dec 2006
harm to					removed as a			
child(ren)					measure for this			A-July 2006
					item per 4 th			
					quarter renegotiation.			
				S2.4.1 Ensure	SDM Review	S2.4.1.a See S1.2.1.a		
				consistent and	Tool	S2.4.1.b See S1.2.1.b		
				accurate completion of		S2.4.1.c See S1.2.1.c		
				SDM safety and risk assessment.		S2.4.1.d See S1.2.1.d	1	
						S2.4.1.e See S1.2.1.e	1	
				Cindy Wilkinson		S2.4.1.f See S1.2.1.f		
						S2.4.1.g See S1.2.1.g	1	
						S2.4.1.h See S1.2.1.h	1	
				S2.4.2 Implementation		S2.4.2.a See S1.2.2.a		
				of "Confirming Safe		S2.4.2.b See S1.2.2.b	1	
				Environments"		S2.4.2.c See S1.2.2.c	1	
				process.		S2.4.2.d See S1.2.2.d	1	
						S2.4.2.e See S1.2.2.e	1	

				Program Imp	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity			Improvement				Benchmark	Goal
	A	N/A						
				Susan Savage		S2.4.2.f See S1.2.2.f		
						S2.4.2.g See S1.2.2.g		
						S2.4.2.h See S1.2.2.h		
						S2.4.2.i See S1.2.2.i		
						S2.4.2.j See S1.2.2.j		
						S2.4.2.k See S1.2.2.k		
						S.2.4.2.1 See S1.2.2.1		
				S2.4.3 Implement	Policy	S2.4.3.a Policy for enhanced	P-Aug 04	
				enhanced background	disseminated	background screening implemented		
				screening for foster/kinship and court ordered		statewide.	A-Aug 04	
						S2.4.3.b Policy updates and	P-Aug 04	
						supervisory consultations with	A-Aug 04	
				providers.		existing staff.	D 31 04	<u> </u>
				Cindy Wilkinson		S2.4.3.c Incorporated enhanced	P-Nov 04	
						background screening into on-going STARS and BASIC training.	A Nov. 04	
				S2.4.4 Development	Committee	S2.4.4.a Work committees formed	A-Nov 04 P-Jan 04	
				of "Culture of Care	member list	with volunteers from residential sites	r-Jan 04	
				Initiative" for	member nst	to develop curriculum.	A-Jan 04	
				improving safety and	Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04	
				nurturance of children	Culticulani	52. 1. 1.0 Carriediani Diarted.	A-Mar 04	
				in a residential care		S2.4.4.c Curriculum approved by CD	P-May 04	
				setting.		administration.	A-May 04	
						S2.4.4.d Roundtables held with	P-Jul 04	
				Fred Proebsting		CEO's to discuss curriculum.	A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers	P-Aug 04	
						session held/2 days in KC and St.		
						Louis for residential licensed	A-Aug 04	
						providers.		1
						S2.4.4.f Measured through a	P-Ongoing	
						reduction of the number of	A-Ongoing	
						preponderance of evidence reports		
						received by the residential treatment		
				C2 4 5 Improve formilia		facilities.		
				S2.4.5 Improve family assessment and case		\$2.4.5.a See \$2.3.1.a	-	
				assessment and case plan tools to better		S2.4.5.b See S2.3.1.b S2.4.5.c See S2.3.1.c	-	
				link service provision			4	
				mik service provision		S2.4.5.d See S2.3.1.d]

				Program Impi	ovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib	nic Fa	actors g to	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity			Improvement				Benchmark	Goal
	Α	N/A						
				to the needs of the		S2.4.5.e See S2.3.1.e		
				family identified in		S2.4.5.f See S2.3.1.f		
				the initial and ongoing assessments; include a		S2.4.5.g See S2.3.1.g		
				mechanism for family		S2.4.5.h See S2.3.1.h		
				self-assessment and				
				identified areas				
				specifically related to				
				child safety and risk				
				concerns.				
				Kathryn Sapp				
Permanency				J FF				
Outcome 1								
Item 5	X		Passed CFSR On-					
			site review and					
			2002 AFCARS					
Item 6 : Stability		X	Stability in foster					P-Jan 2007
of foster care			care. Nat'l Standard					
placement			86.7% or more					A-Jan 2007
			041					
			8th quarter performance based					
			on quarterly					
			outcomes report =					
			78.9%*					
			Data profile: 8-3-06					
			Rolling yr. end					
			3/31/06 for stability					
			= 81.5%					
			MO FFY 2003					
			78.6%					
			AFCARS Goal					
			80.5% (Based on					
			Federal formula for					
			goal setting).					

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of .	Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non- related, Not licensed 3) Kin, Non- related, Licensed.	P-Mar 05 A-Feb 05	
				Lesley Pettit		P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-May 05	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-Sep 05	
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement	P-Dec 05	
					Quarterly Outcome Report	types. P1.6.1.e Coding changes to be reflected in Quarterly Outcome	A-Feb 06 P-Apr 06	
					Outcome Report	Report.	A-Mar 06	
				P1.6.2 Improve diligent search for		P1.6.2.a Potential explored for CD staff to access existing diligent search	P-Jul 04	
				relatives/missing		mechanisms.	A-Jul 04	
				parents.	Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored	P-Aug 04	
				Bonnie Washeck		through supervisory oversight.	A-Aug 04	
						P1.6.2.c Established agreements, as necessary, with other state agencies	P-Mar 05	
						(possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	A-Apr 05	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory	P-Apr 05	
						oversight.	A-Apr 05	
				P1.6.3 Expand use of family support team	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453	P-Aug 04	
				meetings to promote stability in alternative care placements		requirement of a FST prior to or immediately after an impending move.	A-Aug 04	
				Kathryn Sapp		P1.6.3.b Made ACTS system changes to track FSTs held prior to or	P-Aug 04	
				Cindy Wilkinson		immediately after a move.	A-Aug 04	

				Program Imp	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	oum	, 10	Improvement	riction Steps	1vicusui cinicint		Benchmark	Goal
	A	N/A						
						P1.6.3.c Central Office staff provided	P-Aug 04	
						training to regional staff on HB 1453		
						requirements	A-Aug 04	
						P1.6.3.d Regional staff provided	P-Sep 04	
						localized training to existing staff on HB 1453 requirement	A-Sep 04	
						P1.6.3.e Policy incorporated into	P-Dec 04	-
						BASIC training.	1 Dec of	
							A-Dec 04	
					PRR	P1.6.3.f Updated PRR to assure pre-	P-Feb 05	
						placement FSTs.	A-Mar 05	
				P1.6.4 Identify	Circuit data	P1.6.4.a Resource and recruitment	P-Mar 05	
				resource family types		contractors worked with circuits to		
				and shortages		determine resource family needs.	A-Apr 05	
				Cindy Wilkinson	Circuit	P1.6.4.b Recruitment plan targeting resource families written into a circuit	P-May 05	
				Cilidy Wilkinson	management plan	management plan to address	A-Jul 05	
						identified need.	A-3u1 03	
					Contract	P1.6.4c Extended current Foster	P-Nov 05	†
					extension	Care/Adoption Resource Services		
						contract	A-Nov 05	
					Circuit progress	P1.6.4d Circuit reported quarterly	P-Feb 06	
					reports	progress on recruitment activities	quarterly A-Feb 06	
					NRC Technical	P1.6.4e Consulted with the National	P-Mar 06	
					Assistance plan	Resource Center for Family Centered		
						Practice and Permanency Planning	A-Jan 06	
						regarding recruitment of resource families.		
				P1.6.5 Increase	Recruitment and	P1.6.5.a Recruitment and retention	P-Jun 04	
				number of resource	retention plan	plan for foster home serving older	1 -3 411 04	
				families	developed	youth implemented through Chafee	A-Jun 04	
					r	program.		
				Cindy Wilkinson	Adopt US Kids	P1.6.5.b Implemented Adopt US Kids	P-Jul 04	
					campaign	campaign.	A-Jul 04	
					Request for	P1.6.5.c RFP written and released for	P-Apr 05	
					Proposal	performance based case management	A A = 05	
						contracts (PBC).	A-Apr 05	

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of .	Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 05 A-Jun 05	
						P1.6.5.e PBC Case Management Services began	P-Sep 05 A-Sep 05	
					Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services	P-Nov 05	
						contract.	A-Nov 05	
					ACTS data report	P1.6.5.g Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency,	P-Feb 06 quarterly	
						and stability.	A-Feb 06	
					NRC Technical Assistance plan	P1.6.5.h Consulted with the National Resource Center for Family Centered	P-Mar 06	
						Practice and Permanency Planning regarding recruitment of resource families.	A-Jan 06	
					Annual report	P1.6.5.i Annual report to General Assembly regarding PBC regarding case management, recruitment and	P-Jul 06 annually	
						training outcomes.	A-Jul 06	
				P1.6.6 Review data and develop strategies to improve placement stability.		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning (NRC FCP-PP) regarding "critical" factors in placement stability.	P-Mar 06 A-Jan 06	
				Cindy Wilkinson	Survey results	P1.6.6.b Surveyed resource families	P-May 06	
						to gather information regarding placement stability.	A-May 06	
						P1.6.6.c Convened stability workgroup to meet with NRC FCP-	P-Aug 06	
						PP to identify issues impacting stability.	A-Aug 06	
						P1.6.6.d Stability workgroup identified and began to develop work	P-Aug 06	
						plan areas to improve.	A-Aug 06	

				Program Imp	provement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		, ••	Improvement	Tienon Steps	Tyrousure mont		Benchmark	Goal
	A	N/A	•					
						P1.6.6.e Central Office staff analyzed Outcomes Reporting data to determine circuits needing additional supports to improve stability for children. P1.6.6.f. Consulted with Regional	P-Nov 06 A-Nov 06 P- Dec 06	
						Directors and QA Staff to finalize targeted circuits and conference calls scheduled with circuits identified as needing additional supports.	A-Dec 06	
						P.1.6.6.g. Scheduled targeted case reviews with circuits needing additional supports for purpose of developing circuit specific action plan.	P-Jan 07 A-Jan 07	
						P1.6.6.h. Circuits provided monthly report to Central Office on strategies	P-Jan 07 Ongoing	
						to improve placement instability, including convening a FST prior to move and support services to resource families.	A-Jan 07	
				P1.6.7 Evaluate support and training provided for	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child	P-Dec 05 A-Feb 06	
				relative/kinship resource families	Analysis report	training curriculum. P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-Apr 06	
				Cindy Wilkinson Jeff Adams	Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 R-Jan 07 A-Jan 07	
Item 7: Permanency goal for child		X	Renegotiated Baseline = 81.3% 8th quarter PRR results = 87.8% Renegotiated goal 82.9%		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006 A-May 2006

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	3441112	5 10	Improvement	retion steps	TVICusurement		Benchmark	Goal
·	A	N/A	1					
			(Goal established is calculated by taking the 4 th quarter performance and adding 2% increase for improvement.)					
				P1.7.1 Ensure the frequency and timeliness of Family	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
				timeliness of Family Support Team Meetings occurs per policy Kathryn Sapp	Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-Apr 05	
				Kathryn Sapp Cindy Wilkinson	Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established	Policy developed	P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs. P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Aug 04 A-Aug 04 P-Sep 04 A-Aug 04	
				Kathryn Sapp	Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Aug 04	
				Cindy Wilkinson	Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for	P-Mar 05	
					Protocol developed Training agenda	more difficult FSTs. P1.7.2.f Protocol developed for accessing expert facilitators. P1.7.2.g Trained expert facilitators.	A-Jul 05 P-Apr 05 A-May 05 P-Apr 05 R-Jan 06 A-Jan 06	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 R-Jan 06 A-Jan 06	

				Program Imp	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	outing	,	Improvement	riction steps	TVICUSUI CITICITE		Benchmark	Goal
	Α	N/A						
	A	N/A		P1.7.3 Strengthen policy and practice relating to concurrent planning. Cindy Wilkinson P1.7.4 Increase collaboration with courts by providing	Improvement plans Training curriculum and revised child welfare manual Training curriculum	P1.7.3.a Circuit Managers monitored outcomes through PRR tool. P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans. P1.7.3.c Integrated concurrent planning into Advanced FCOOHC Inservice Module training and child welfare manual. P1.7.4.a CD partnered with OSCA to develop training curriculum. P1.7.4.b Developed draft plan to	P-Mar 05 A-Mar 05 P-May 05 A- Jul 05 P-May 06 A-May 06 P-Jan 04 A-Jan 04 P-Jan 04	
				courts by providing cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations. Cindy Wilkinson	Contract developed Training agenda	address logistics of proposed training. P1.7.4.c Submitted draft to management of CD/OSCA. P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff. P1.7.4.e Management approved draft. P1.7.4.f Training implemented by	A-Jan 04 P-Feb 04 A-Feb 04 P-Mar 04 A-Mar 04 P-Apr 04 A-Apr 04 P-Jun 04	
Item 8: Reunification, guardianship, or permanent		X	Reunification Nat'l Standard 76.2% or more	Cindy Whamson	and curriculum	CD/OSCA to include concurrent planning training.	A- Sept 04 ongoing twice per year	P-Dec 2006 A-May 2006
placement with relatives.			MO FFY 2003 AFCARS Baseline 59.8% AFCARS Goal 62.2% (Based on Federal formula for goal setting).					

				Program Imp	orovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		,	Improvement	Trouble Steps	1,10000101110110		Benchmark	Goal
,	Α	N/A						
			8th quarter performance based on quarterly outcomes report = 70.1% not AFCARS.					
			Goal Achieved					
				P1.8.1 Address	Data reports	P1.8.1.a Prepared data on legal status	P-Dec 04	
				permanency and services needs of children in Legal Status 2, 3, and 4	Workgroup member list	2, 3, and 4 children. P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	A-Feb 05 P-Feb 05 A-Apr 05	
				Bonnie Washeck	Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4	P-Apr 05	
					C C	cases.	A-May 05	
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Apr 05 A-Aug 05	
						P1.8.1.e Revise AFCARS population	P-Apr 05	İ
						if necessary.	A-Jul 05	
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	P-July 05 R-May 06 A-May 06	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05 A-Oct 05	
					PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer	P-Oct 05	
				D1 9 2 Eatal-1:-1-		Record Review process.	A-Oct 05	
				P1.8.2 Establish procedures to access various service funding streams.		P1.8.2.a See S2.3.4.a. P1.8.2.b See S2.3.4.b.		
				Bonnie Washeck				
				P1.8.3 Ensure		P1.8.3.a See P1.7.1.a		

				Program Imp	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		,	Improvement				Benchmark	Goal
·	A	N/A						
				frequency and		P1.8.3.b See P1.7.1.b		
				timeliness of Family		P1.8.3.c See P1.7.1.c		
				Support Team				
				Meetings occurs per				
				policy.				
				Kathryn Sapp				
				Cindy Wilkinson				
				P1.8.4 Improve		P1.8.4.a See P1.7.2.a	-	
				quality of Family		P1.8.4.b See P1.7.2.b	-	
				Support Teams to assure the review of		P1.8.4.c See P1.7.2.c	-	
						P1.8.4.d See P1.7.2.d	-	
				permanency goal.		P1.8.4.e See P1.7.2.e	-	
				Kathryn Sapp		P1.8.4.f See P1.7.2.f	-	
				Cindy Wilkinson		P1.8.4.g See P1.7.2.g	-	
						P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase		P1.8.5.a See P1.7.4.a	<u> </u>	
				collaboration with		P1.8.5.b See P1.7.4.b	1	
				courts by providing		P1.8.5.c See P1.7.4.c	1	
				cross training to new judiciary, court staff,		P1.8.5.d See P1.7.4.d		
				Children's Division		P1.8.5.e See P1.7.4.e	-	
				staff and GAL's on		P1.8.5.f See P1.7.4.f		
				ASFA & Permanency				
				hearings consistent				
				with state and federal				
				regulations				
				Cindy Wilkinson				
				P1.8.6 Increase	Contract	P1.8.6.a Contract developed to	P-Apr 04	
				collaboration with	developed	provide training.	A-Apr 04	
				courts by providing	Meeting minutes	P1.8.6.b Meeting held to discuss roles	P-Dec 04	
				cross training to		and responsibilities of CD and		
				judiciary, court staff,		Juvenile Officers.	A-Oct 04	
				GAL's and Children's	Training agenda	P1.8.6.c Training provided to	P-May 05	
				Division staff		judiciary, court staff, GAL's and CD		
				regarding roles and responsibilities.		staff	A Mar. 05	
				responsionnes.			A-May 05	
				Cindy Wilkinson				

				Program Imp	rovement Implemer	ntation		
1			2	3	4	5	6	7
Outcome or Systand Item(s) Con			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		5 **	Improvement		1/104/5/10110110		Benchmark	Goal
	A	N/A						
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05 A-Oct 04	
				transfer jurisdiction to	Proposal drafted	P1.8.7.b Proposal drafted for	P-Mar 05	
				Probate & Circuit		legislative change.	A-Oct 04	
				Courts to expedite		P1.8.7.c Written proposal reviewed	P-Mar 05	
				guardianship. Jim Harrison		by OSCA, CD and DLS.	A-Sept 04	
				Jili Hairison		P1.8.7.d Proposal finalized and presented to Department for	P-Mar 05	
				P1.8.8 Determined		legislative change. P1.8.8a Each circuit determined	A-Jan 05 P-Oct 05	
				policy remedy to be used in addition or in lieu of any legislative change referred in		strategies with their court to expedite guardianship for children placed with relatives in CD custody. P1.8.8.b See P1.6.1a	A-Oct 05	
				P1.8.7.				1
				F1.6./.		P1.8.8.c SeeP1.6.1b		1
				Jim Harrison		P1.8.8.d See P1.6.1c		<u> </u>
				Lesley Pettit		P1.8.8.e See P1.6.1d		<u> </u>
T. 0	37		A 1			P1.8.8.f See P1.6.1e		D. D 2006
Item 9: Adoption	X		Adoption Nat'l Standard 32% or more MO FFY 2003 AFCARS Baseline 38.5% Goal achieved					P- Dec 2006 A-May 2006
				P1.9.1 Termination of	Data report	P1.9.1.a.Examine TPR data from	P-Feb 05	
				Parental Rights will be		current information system.	A-Feb 05	
				filed in a timely manner, except when compelling reasons are documented.	Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-Jul 05	

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		,	Improvement	Trouble Stops	111048 61 01110110		Benchmark	Goal
	Α	N/A						
				Cindy Wilkinson Kathryn Sapp	Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
					Policy disseminated	P1.9.1.d Policy disseminated to staff and supervisory oversight	P-Aug 05 R-Mar 06 A-May06	
						P1.9.1.e Incorporated into BASIC training.	P-Jun 05 R-Mar 06 A-Mar 06	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P & A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-May 06	
				P1.9.2 Increase number of resource families.	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a P1.9.2.b See P1.6.5.b P1.9.2.c See P1.6.5.c P1.9.2.d See P1.6.5.d P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct home studies and	Request for Proposal Workload staffing	P1.9.3.a RFP written for performance based case management contracts P1.9.3.b Conducted a workload	P-Sep 04 A-Sep 04 P-Mar 05	
				finalize adoptions. Cindy Wilkinson	analysis	staffing analysis to determine staffing need for completing home studies and finalized adoptions.	A-Mar 05	
					Award letters	P1.9.3.c Awarded performance based case management contracts	P-Mar 05 A-Jun 05	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per available resources.	P-Jul 05 A-Aug 05	
				P1.9.4 Improve access to legal representation for CD		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
				staff Jim Harrison		P1.9.4.b Additional attorneys hired and placed.	P-Sep 04 A-Sep 04	

				Program Imp	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	Culling	, 10	Improvement	riction steps	1viousui cinicint		Benchmark	Goal
	A	N/A						
					Establish	P1.9.4.c CD/DLS established a work	P-Mar 05	
					workgroup	group to develop a protocol for CD staff to access DLS attorneys or contractors.	A-Apr 05	
					Develop draft	P1.9.4.d Draft Protocol developed.	P-Apr 05	
					protocol	r 1.9.4.d Draft r fotocof developed.	A-Apr 05	
					protocor	P1.9.4.e CD legal representation at	P-July 05	
						court hearings monitored by CD/DLS joint committee for improvement.	Ongoing A-Jul 05	
					Draft joint memo	P1.9.4.f Draft joint memo with DLS to assist CD staff in developing a	P- Jul 05	
						clearer understanding on how to access legal services.	A-Jul 05	
					Memo	P1.9.4.g Memo and Protocol	P-Oct 05	
					disseminated	disseminated to staff and adopted.	A-Sep 05	
Item 10: Other		X	Baseline = 63.3%		PRR V-21	*		P-Jan 2007
planned living					Youth 16 or over,			
arrangement			Goal = 66.4%		are participating			A-Jan 2007
					in or have			
			The goal has been achieved.		completed ILP classes			
				P1.10.1 Increase		P1.10.1.a See P1.6.5.a		
				number and quality of		P1.10.1.b See P1.6.5.b		
				resource families for		P1.10.1.c See P1.6.5.c	1	
				older youth		P1.10.1.d See P1.6.5.d	1	
						P1.10.1.e See P1.6.5.e		
				Cindy Wilkinson	Discuss	P1.10.1.f Met with IL Specialists to	P-Mar 05	
					recruitment activities	discuss strategies on recruitment activities for locating homes for older		
						youth.	A-Mar 05	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to	P-Jun 05	
					activities report	report on community recruitment activities.	A-Jun 05	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into	P-Sep 05	
						foster parent training.	A-Sep 04	
				P1.10.2 Increase awareness of Chafee	Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher	P-Jan 04	
5 /00 /0007				program services to		Program through distributing		

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated	A stine Stan	Method of	Benchmarks Toward Achieving Goal	Dates of A	Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				staff and community members		information material to secondary and higher education programs	A-Jan 04	
				Cindy Wilkinson	Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 Annually A-July 04 Annually	
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies.	P- Mar 04 Ongoing A-Mar 04 Ongoing	
					Write and disseminated memo	P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services.	P-May 05 A-Sep 05	
					Distributed ETV poster	P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05 A-Aug 05	
				P1.10.3 Increase program accessibility	Implement Pre- ILP Training	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training	P-June 04	
				to provide life skills	curriculum	curriculum for youth 14-15.	A- June 04	
				training services for older youth	Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment	P-July 04 annually A-July 04	
				Cindy Wilkinson	G 1. 1.1	conference	Annually	
					Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05 A-Feb 05	
					Provide training to selected staff in	P1.10.3.e Training provided in designate areas to selected staff	P-Feb 05	
					designed areas	interested in adolescent worker	A-Feb 05	

				Program Impi	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		,	Improvement				Benchmark	Goal
	Α	N/A						
						positions		
					CD memo	P1.10.3.f CD memo written and	P-May 05	
						disseminated to staff involving ILP		
						staff in the case planning process for	A-Sep 05	
						older youth and referring age	_	
						appropriate youth for Chafee services		
				P1.10.4 Increase		P1.10.4.a Convened older youth	P-Nov 05	
				older youth		workgroup to evaluate current Chafee		
				involvement in service		services provided to youth ages 14	A-Nov 05	
				planning and delivery	D 1	and older.	DE LOC	
					Recommendation	P1.10.4.b Recommendations for	P-Feb 06	
					report	change provided by older youth workgroup.	A-Feb 06	
					Draft memo and	P1.10.4.c Developed draft policy and	P-Sep 06	
					protocol	protocol to improve youth	1-Sep 00	
					protocor	involvement, service planning and	A-Sep 06	
						delivery for older youth.	11 2 0 p 00	
						P1.10.4.d Introduced Adolescent FST	P-Oct 06	
						Guide and Individualized Action Plan		
						protocol at Missouri Juvenile Justice	A-Oct 06	
						Association conference.		
					Training outline	P1.10.4.e Began training of policy	P-Nov 06	
						and Adolescent FST Guide and		
						Individualized Action Plan protocol	A-Nov 06	
						in selected sites in the 15 th , 22 nd and		
						25 th circuits. P1.10.4.f Began conducting field tests	P-Dec 06	
						of policy and protocol.	A-Dec 06	
					Survey results	P1.10.4.g Conducted mid-point	P-Jan 07	†
					Bulvey results	evaluation of test project through staff	1 -Jan 0/	
						surveys.	A-Jan 07	
Permanency Outcome P2:								
Item 11:	X							
Proximity of	11							
foster care								
placement								
pacomont	1			<u> </u>	L			<u> </u>

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
Item 12: Placement with siblings		X	Renegotiated Baseline = 79.1% 8th quarter PRR results = 83.9 % Renegotiated goal = 80.7% (Goal established is calculated by taking the 4 th quarter performance and adding 2% increase for improvement.)		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-May 2006
			Tot improvement.)	P2.12.1 Increase the number of siblings placed together Kathryn Sapp	Policy developed Policy enhancement PRR results &	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode. P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship. P2.12.1.c Circuit Managers monitored	P-Aug 04 A-Aug 04 P-Aug 04 A-Aug 04 P-Feb 05	
					Improvement plans	quarterly PRR results and improvement plans developed.	Ongoing Quarterly A-Ongoing	
					Recommendations from workgroup Draft policy	P2.12.1.d Visitation Workgroup presented recommendations on preserving sibling ties. P2.12.1.e Developed policy requiring	P-Nov 05 A-Nov 05 P-Apr 06	
					Policy disseminated Supervisory	a FST prior to separating siblings. P2.12.1.f Policy disseminated to staff on FST P2.12.1.g Developed supervisory	A-Apr 06 P-May 06 A-May 06 P-May 06	
					sibling case review	sibling case review process to review cases after siblings are separated after 30 days.	A-May 06	

				Program Imp	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	Achievement
and Item(s) Contril Non-Conformity	outing	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.		P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training. P2.12.2.b See P1.7.4.a P2.12.2.c See P1.7.4.b	P-Nov 05 A-Dec 05	
				Jeff Adams		P2.12.2.d See P1.7.4.c P2.12.2.e See P1.7.4.d P2.12.2.f See P1.7.4.e P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06 A-May 06	
				P2.12.3 Increase capacity for resource families that accept sibling groups. Cindy Wilkinson		P2.12.3.a See P1.6.5.a P2.12.3.b See P1.6.5.b P2.12.3.c See P1.6.5.c P2.12.3.d See P1.6.5.d P2.12.3.e See P1.6.5.e		
Item 13: Visiting with parents and siblings in foster care.		X	Renegotiated Baseline = 85.1 % 8th quarter PRR results = 82.6% Renegotiated goal = 86.8% (Goal established is calculated by taking the 4 th quarter		Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification.			P-Dec 2006 A-Oct 2006

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or Syste			Goal/Negotiated	4	Method of	Benchmarks Toward Achieving Goal	Dates of .	Achievement
and Item(s) Contr Non-Conformity	ibuting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
,	A	N/A	1					
			performance and adding 2% increase for improvement.) Renegotiated Baseline = 79.1% Renegotiated goal = 80.7% (Goal established is calculated by taking the 4 th quarter performance and adding 2% increase for improvement.)		Siblings visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation			
				P2.13.1 Increase frequency and quality of parent/child and sibling visits. Cindy Wilkinson	PRR Quarterly data reports Practice improvement plans developed	P2.13.1.a Visitation Workgroup presented recommendations on preserving sibling ties. P2.13.1.b Revised policy to improve qualitative and quantitative visitation plan requirements. P2.13.1.c Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff. P2.13.1.d Incorporated revisions into PRR tool. P2.13.1.e Circuit Managers monitor data regarding frequency of parent/child/sibling visits. P2.13.1.f Circuit Managers assisted by the PET teams developed practice improvement plans using all available	P-Nov 05 A-Nov 05 P-Apr 06 A-Apr 06 P-Jul 06 A-Jun 06 R-Jul 06 A-Jun 06 P-Oct 06 A-Oct 06 A-Oct 06 A-Oct 06	
Item 14: Preserving connections		X	Baseline 25.9% Goal 27.2% Goal Achieved		Relative Placement CD-Outcomes #17. Increase the number of	data for guidance.		P-Dec 2006 A-April 2006

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
			Renegotiated baseline – 82.8% 8th quarter results for PRR = 84.3 % Renegotiated goal = 84.5% (Goal established is calculated by taking the 4 th quarter performance and adding 2% increase		children placed with relative providers (LS 1-4) Previous data only captured LS 1 children. PRR V-1 Consideration was given to relatives of kin for placement.			
			for improvement.)	P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care. Kathryn Sapp P2.14.2 Improve diligent search for relatives/missing parents Bonnie Washeck	State plan developed	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation. P2.14.1.b Submitted evaluation recommendations to administration. P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability. P2.14.1.d Develop state plan to address preserving connections. P2.14.2.a See P1.6.2.a P2.14.2.b See P1.6.2.c P2.14.2.c See P1.6.2.d	P-May 05 A-Jan 06 P-July 05 A-Jan 06 P-Aug 05 A-Jan 06 P-Oct 05 A-Apr 06	
				P2.14.3 Revise ICWA policy Cindy Wilkinson Kathryn Sapp	Policy revision CPS-1 CD-14	P2.14.3.a Revised ICWA policy to reflect best practice standards. P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-Aug 04 A-Aug 04 P-May 05 A-Apr 05	

			Program Imp	provement Implemen	tation		
		2	3	4	5	6	7
			Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
		Improvement	riction Steps	Tyrousurement		Benchmark	Goal
A	N/A						
				Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-Dec 05	
					Peer Record Review tool.	A-Mar 05	
				PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-Jun 05	
	X	Baseline 25.9% Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement). Goal achieved Renegotiated Baseline = 82.8% 8th quarter PRR results = 84.3% Renegotiated goal = 84.5% (Goal established is calculated by taking the 4 th quarter performance and adding 2% increase for improvement).	P2.15.1 Increase system capacity to accurately track	Relative Placement monitored through the number of children placed with relative provider in legal status 1-4 Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement.	P2.15.1.a See P1.6.1.a P2.15.1.b See P1.6.1.b P2.15.1.c See P1.6.1.c		P-Dec 2006 A-Dec 2006
1	ting		Goal/Negotiated Measure/Percent of Improvement X Baseline 25.9% Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement). Goal achieved Renegotiated Baseline = 82.8% 8th quarter PRR results = 84.3% Renegotiated goal = 84.5% (Goal established is calculated by taking the 4 th quarter performance and adding 2% increase	C Factors ting to Goal/Negotiated Measure/Percent of Improvement A N/A X Baseline 25.9% Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement). Goal achieved Renegotiated Baseline = 82.8% 8th quarter PRR results = 84.3% Renegotiated goal = 84.5% (Goal established is calculated by taking the 4th quarter performance and adding 2% increase for improvement).	The provider in legal status 1-4 The pr	The second process of the second process of	C Factors Goal/Negotiated ting to Measure/Percent of Improvement A N/A

				Program Imp	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity			Improvement	1			Benchmark	Goal
	Α	N/A						
				vendor types.		P2.15.1.e See P1.6.1.e		
				Lesley Pettit				
				P2.15.2 Improve		P2.15.2.a See P1.6.2 a		
				diligent search for		P2.15.2.b See P1.6.2.b		
				relatives/missing		P2.15.2.c See P1.6.2.c		
				parents.		P2.15.2.d See P1.6.2.d		
				Cindy Wilkinson				
				P2.15.3 Evaluate		P2.15.3.a See P1.6.7.a		
				support and training		P2.15.3.b See P1.6.7.b		
				provided for		P2.15.3.c See P1.6.7.c		
				relative/kinship				
				resource families				
				Cindy Wilkinson				
T. 16		37	D (1) 1	Jeff Adams	D (177.1)			D.D. 2006
Item 16: Relationship of		X	Renegotiated Baseline = 90.0%		Parent Visits monitored			P-Dec 2006
child in care with			Daseillie = 90.0%		through Peer			A-Apr 2006
parents			8th quarter PRR		Record Review			A-Apr 2000
parcitis			results = 88.9%		question V-3:			
			103uits = 00.770		question v-3.			
			Renegotiated goal =		The child is			
			90.9%		placed in close			
					proximity to			
			(Goal established is		his/her family			
			calculated by taking					
			the 4th quarter					
			performance and					
			adding 1% increase					
			for improvement).	D2 16 1 I		P0 161 G P1 63		
				P2.16.1 Improve		P2.16.1.a See P1.6.2.a		
				diligent search for		P2.16.1.b See P1.6.2.b		
				non-custodial parent.		P2.16.1.c See P1.6.2.c		
				Bonnie Washeck		P2.16.1.d See P1.6.2.d		
				P2.16.2 Improve	PRR Outcomes	P16.16.2.a See S2.3.2.a		
				1 2.10.2 Improve		2 20:10:20 DOC DEIJIEU		

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System	nic Fa	actors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of .	Achievement
and Item(s) Contril Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs				engagement of non- custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		P16.16.2.b See S2.3.2.b P16.16.2.c See S2.3.2.c P16.16.2.d See S2.3.2.d P16.16.2.e See S2.3.2.e P16.16.2.f See S2.3.2.f		
Item 17: Needs and services of child, parents, foster parents		X	Renegotiated Baseline = 88.1% 8th quarter PRR results = 88.2% Renegotiated goal = 89.9% (Goal established is calculated by taking the 4 th quarter performance and		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment. Previously PRR III-3 and III-10 were used.			P-Dec 2006 A-July 06

				Program Impr	ovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity			Improvement	1			Benchmark	Goal
·	Α	N/A						
			adding 2% increase					
			for improvement.)					
				WB1.17.1 Improve		WB1.17.1.a See S2.3.1.a		
				family assessment and		WB1.17.1.b See S2.3.1.b]	
				case plan tools to		WB1.17.1.c See S2.3.1.c	1	
				better link service		WB1.17.1.d See S2.3.1.d	1	
				provision to the needs		WB1.17.1.e See S2.3.1.e	-	
				of the bio family		WB1.17.1.f See S2.3.1.f	†	
				identified in the initial		WB1.17.1.g See S2.3.1.g	†	
				and ongoing		WB1.17.1.h See S2.3.1.h	†	
				assessments.		,, , , , , , , , , , , , , , , , , , ,		
				Kathryn Sapp				
				WB1.17.2 Strengthen		WB1.17.2.a See S2.3.2.a		
				workers skills in		WB1.17.2.b See S2.3.2.b	†	
				engaging families in		WB1.17.2.c See S2.3.2.c	-	
				the assessment, case		WB1.17.2.d See S2.3.2.d	-	
				planning and case plan		WB1.17.2.e See S2.3.2.e	†	
				review processes to		WB1.17.2.f See S2.3.2.f	†	
				increase parent,		VV 151.17.12.11 500 52.3.12.1		
				caregiver (alternative				
				care provider) and				
				child involvement in				
				case assessment, plan				
				development and				
				reassessment.				
				Votherin Conn				
				Kathryn Sapp WB1.17.3		WB1.17.3.a See S1.2.2.a		
				Implementation of		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b	1	
				"Confirming Safe		WB1.17.3.c See S1.2.2.c	1	
				Environments" to		WB1.17.3.d See S1.2.2.d	1	
				reduce the risk for		WB1.17.3.e See S1.2.2.e	1	
				children in		WB1.17.3.6 See S1.2.2.6 WB1.17.3.f See S1.2.2.f	1	
				foster/kinship care to		11 21.11 1.3.1 000 01.2.2.1	1	
				identify needs of child				
				and providers.				
				Cindy Wilkinson				

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		,	Improvement	Treation Steps	1710usuromont		Benchmark	Goal
,	A	N/A	1					
Item 18: Child and family involvement in case planning.		X	Renegotiated Baseline 73.8% 8th quarter PRR results = 71.1 % Renegotiated goal = 75.3% (Goal established is calculated by taking the 4 th quarter		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006 A-Oct 2006
			performance and adding 2% increase for improvement).	WB1.18.1 Maximize parental/family participation in Family Support Team Meetings. Bonnie Washeck	Protocol established	WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.e See S2.3.2 f WB1.18.1.f See S2.3.2 f WB1.18.1.g Established a protocol for accessing division staff outside of	P-Aug 05	
				WB1.18.2 Improve the quality of Family Support Team Meetings. Kathryn Sapp Cindy Wilkinson WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights	Workgroup list Parent handbook	regular working hours. WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c WB1.18.2.d See P1.7.2d WB1.18.2.d See P1.7.2d WB1.18.2.e See P1.7.2e WB1.18.2.f See P1.7.2f WB1.18.2.g See P1.7.2f WB1.18.2.h See P1.7.2h WB1.18.3.a Collected parent handbooks used by various circuits. WB1.18.3.b Convened a work group to evaluate parent handbooks. WB1.18.3.c Developed a universal parent handbook.	P-Aug 05 A-Aug 05 P-Oct 05 A-Sep 05 P-Jan 06 A-Jan 06	

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	outili	3 10	Improvement	Action Steps	Weasurement		Benchmark	Goal
	Α	N/A						
				and responsibilities, court procedures, etc.	Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 R-Jun 06 A-Jun 06	
				Cindy Wilkinson	Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-Jul 06 A-Jul 06	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-Sept 06	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-Oct 06	
Item 19: Worker visits with child – improve quantity and quality		X	The goal has been achieved for PRR V-16.		Monitored through PRR question V-16: The worker visits the child twice every month.			
				WB1.19.1 Develop	Team	WB1.19.1a Appointed visitation	P-Jan 05	
				policy addressing the	appointments	policy and practice team.	A-Feb 05	
				quality of visits to	Convene meeting	WB1.19.1.b Convened first policy	P-Feb 05	
				incorporate case		and practice team meeting.	A-May 05	
				planning, service delivery and goal	Workgroup recommendations	WB1.19.1c Visitation Workgroup presented recommendations on how	P-Nov 05	
				attainment.		visitation is critical in timely reunification to executive staff.	A-Nov 05	
				Bonnie Washeck	Recommendations	WB1.19.1.d Recommendation	P-Jan 06	
					reviewed	reviewed by executive staff.	A-Jan 06	
					Policy draft	WB1.19.1.e Policy drafted.	P-Apr 06 A-Apr 06	
					Policy disseminated	WB1.19.1.f Policy disseminated to staff	P- May 06 A-Jun 06	
						WB1.19.1.g Training began on policy	P-Jul 06	
						enhancements staff and foster parents.	A-Jul 06]
						WB1.19.1.h Utilize Practice	P-Jul 06	
						Enhancement Teams (PET) to support protocols.	A-Jul 06	
				WB1.19.2 Increase policy compliance for frequency of worker	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing	
				visits for intact and out-of-home cases.			A-Aug 05	

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	Achievement
and Item(s) Contril Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
				Cindy Wilkinson Kathryn Sapp	PRR Practice	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR. WB1.19.2.c Circuit Managers	P-Aug 05 A-Aug 05 P-Sep 05	
				WB1 19 3 Tracking	Improvement plans	assisted by PET to develop practice improvement plans.	A-Sep 05	
				WB1.19.3 Tracking system to track worker visits (date/site).		WB1.19.3.a Reviewed the FCS section of the Family Satisfaction survey on monthly worker visits with	P-Feb 06 A-Feb 06	
				Jim Harrison		the family. WB1.19.3.b Reviewed the youth portion of the Family Satisfaction	P-Feb 06	
						survey on bi-monthly worker visits with the out-of-home care child.	A-Feb 06	
						WB1.19.3.c PET teams annually analyzed family satisfaction survey data	P-Apr 06 A-Apr 06	
						WB1.19.3.d Worked with ITSD staff to include worker visit information (with child, parents, foster parents) and sibling visits in the Outcome Reports when converted to SACWIS.	P-May 06 A-May 06	
Item 20: Worker Visit with parent(s).		X	Renegotiated Baseline 84.4% 8 th quarter PRR results = 78.0% Renegotiated goal = 85.2% (Goal established is calculated by taking the 4 th quarter performance and adding 1% increase for improvement).		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006 A-Jul 2006

				Program Imp	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or Syster and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		,	Improvement				Benchmark	Goal
	A	N/A						
				WB1.20.1 Strengthen	Protocols	WB1.20.1.a Protocols established in	P-May 05	
				worker relationships	established	WB1.19.1g included in all resource	R-Jul 06	
				with biological or		parent training	A-Jul 06	
				adoptive parents.	Revise PRR	WB1.20.1.b Revised PRR to reflect	P-Jun 05	
						collateral contacts required per family		
				Bonnie Washeck		risk assessment/reassessment	A-Jun 05	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b]	
						WB1.20.1.e See S.2.3.2.c]	
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
						WB1.20.1.h See S2.3.2.f	†	
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3				
				a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.		WB1.20.2.a See WB1.19.1.a-f		
				b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.		WB1.20.2.b See WB1.19.2 a-c		
				c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet								
their educational								
needs					1			

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	ounne	, 10	Improvement	retion Steps	TVICUSUI CITICITE		Benchmark	Goal
	Α	N/A	1					
Item 21: Children receive appropriate services to meet their educational needs		X	Renegotiated Baseline 94.4% 8th quarter PRR results = 94.8% Renegotiated goal = 95.3% (Goal established is calculated by taking the 4 th quarter performance and adding 1% increase		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006 A-Feb 2006
			for improvement.)	WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts. Kathryn Sapp	Protocol developed Education liaisons Circuit Self Assessment Written local plans Written State plan	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's. WB2.21.1.b Designated an education liaison at the state level. WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care. WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable. WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Mar 05 A-Apr 05 P-May 05 A-May 05 P-May 05 A-Jul 05 P-May 05 A-Jul 05 P-May 05 A-Jul 05	
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-Jun 05	

			Program Imp	rovement Implemer	ntation		
1		2	3	4	5	6	7
Outcome or Systemic I and Item(s) Contributing		Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	-6	Improvement	Trouble Stops	1/104/5/10110110		Benchmark	Goal
A	N/A						
			Kathryn Sapp Cindy Wilkinson	Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 R-Jan 06 A-Feb 06	
			WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05	
			Cindy Wilkinson Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
				Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
				Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational	P-Oct 05 A-Nov 05	
				Protocol developed	neglect, truancy and suspension. WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
				Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school	P-Nov 05	
				aissoiiiiiatoa	districts.	A-Feb 06	
					WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-Feb 06	
			WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A-Apr 05	

				Program Imp	provement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri	nic Fa	ctors	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		,	Improvement	Trouble Stops	17100000101110110		Benchmark	Goal
	Α	N/A						
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-Feb 06	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-Feb 06	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Renegotiated Baseline = 94.9% 8th quarter PRR results = 97.7% Renegotiated goal = 96.8% (Goal established is calculated by taking the 4 th quarter performance and		PRR V-17: The physical needs of the child are being met.			P-Dec 2006 A-Feb 2006

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	Achievement
and Item(s) Contrib Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
			adding 2% for					
			improvement.					
				WB3.22.1 Increase	Circuit Self	WB3.22.1.a Circuits identified	P-Mar 05	
				ability of Children's	Assessment	available local dental resources.	A-Aug 05	
				Division staff and	Dental	WB3.22.1.b Dental coordinator	P-May 05	
				families to access	coordinator list	assigned to each region (local level)		
				available dental		to identify barriers and facilitate	A-Jul 05	
				resources.	3. T ' C' ' . 1	access to dental providers.	D 4 05	
				Bonnie Washeck	Notification letter	WB3.22.1.c Notified dental providers	P-Aug 05	
				Domine washeck	XX 7 *	of regional dental coordinators.	A-Aug 05	
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS)	P-Aug 05	
						assessed and developed plan to reduce	A-Aug 05	
						administrative burden on Medicaid	A-Aug 03	
						providers.		
					Assessment report	WB3.22.1.e Completed assessment	P-Aug 05	
						regarding Dental Van program		
						expansion.	A-Nov 05	
				WB3.22.2 Increase	CD-14 revision	WB3.22.2.a Revised CD-14 to	P-July 05	
				capacity of staff to		include assessment of medical needs		
				assess medical needs		of children in intact families.	A-Apr 05	
				of children in intact	Policy	WB3.22.2.b Issued revised form and	P-Sep 05	
				families.	disseminated	policy.	R-Dec 05	
				Bonnie Washeck			A-Dec 05	
				DOILING WASHECK	Training	WB3.22.c Existing staff trained in	P-Oct 05	
					curriculum	Assessment and Service Planning	R-Jan 06	
						using CD-14 as tool statewide.	A-Feb 06	
						WB3.22.2.d Integrated CD-14 into	P-Jan 06	
						Advanced Family-Centered In-service training module.	A-Feb 06	
Item 23: Mental		X	Renegotiated		PRR V-19: The	training module.	A-FEU UU	P-Dec 2006
health needs of		Λ	Baseline = 94.6%		mental health			1-DCC 2000
the child			Dabeline - 77.070		needs of the child			A-Nov 2006
			8 th quarter PRR		are being met.			
			results = 97.3%					

				Program Impi	rovement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or Syster			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
Non-Comornity	Α	N/A	mprovement					
	A	IN/A	Renegotiated goal =					
			95.5% (Goal					
			established is					
			calculated by taking					
			the 4 th quarter					
			performance and					
			adding 1% increase					
			for improvement.					
				WB3.23.1 Increase the	Circuit Self	WB3.23.1.a Available mental health	P-Aug 04	
				ability of Children's	Assessment	resources identified through Circuit		
				Division staff and		Self Assessment.	A-Aug 04	
				families to access	Mental Health	WB3.23.1.b Five Regional Mental	P-Jan 05	
				available mental health resources.	Coordinator list	Health Coordinators designated.	A-Jan 05	
				nearm resources.	XX7 *** 1	WB3.23.1.c See S2.3.5	D 14 05	
				Jim Harrison	Written plan	WB3.23.1.d Mental Health Coordinators convened teams to	P-May 05	
				Jilli Hallison		identify local barriers, develop a plan	A-May 05	
						to alleviate barriers and create	A-iviay 03	
						partnerships to improve service		
						delivery.		
					Plan developed	WB3.23.1.e In partnership with	P-Aug 05	
					1	Division of Medical Services (DMS)		
						assessed and developed plan to reduce	A-Aug 05	
						administrative burden on Medicaid		
						providers.		
				WB.3.23.2 Increase		WB3.23.2.a See P1.6.3.a		
				awareness of staff and		WB3.23.2.b Increased the number of	P & A-	
				foster parents		staff and foster parents trained on	Ongoing	
				regarding attachment		Working with the Explosive Child	semi-	
				and mental health issues.		(See Training Matrix).	annually	
				issues.		WB3.23.2.c Increased the number of staff and foster parents trained on	P-Sep 04 A-Sep 04	
				Cindy Wilkinson		Grief and Loss (See Training Matrix).	A-Sep 04 ongoing	
				Cility Wilkinson		Office and Loss (See Training Ividuix).	semi-	
							annual	
					Curriculum	WB3.23.2.d Developed Reactive	P-Mar 05	
						Attachment Disorder curriculum.		
					developed	Attachment Disorder curriculum.	A-Mar 05	

				Program Imp	provement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		5 **	Improvement				Benchmark	Goal
	Α	N/A						
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-Sep 06	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-Apr 05	
				intact families. Kathryn Sapp	Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly R-Nov 06 A-Nov 06	
Systemic Factors Item 24: System	X							
can identify the status, demographic characteristics, location and goals of children in foster care.	7							
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Renegotiated Baseline = 73.8% 8th quarter PRR results = 71.1% Renegotiated goal = 75.3% (Goal established is calculated by taking the 4th quarter performance and adding 2% increase for improvement.		Monitored through Peer Record Review question IV-8. The family participated in the development and signed the service plan. Previous measurement PRR IV-15			P-Dec 2006 A-Sep 2006
				25.1 Improve family assessment and case plan tools to better		25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c		

				Program Impro	ovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of A Benchmark	Achievement Goal
Non-Conformity	Ι	NT/A	Improvement					
	A	N/A		link comice messicies		25 1 4 0 - 22 2 1 4		
				link service provision to the needs of the		25.1.d See S2.3.1.d 25.1.e See S2.3.1.e	-	
				family identified in		25.1.6 See S2.3.1.6 25.1.f See S2.3.1.f	-	
				the initial and ongoing		25.1.f See S2.3.1.f 25.1.g See S2.3.1.g	-	
				assessments.		25.1.h See S2.3.1.h	-	
				abbebbillelits.		23.1.11 See 32.3.1.11		
				Kathryn Sapp				
				25.2 Strengthen		25.2.a See S2.3.2.a		
				worker/supervisor		25.2.b See S2.3.2.b	1	
				skills in engaging		25.2.c See S2.3.2.c		
				families in the		25.2.d See S2.3.2.d		
				assessment, case		25.2.e See S2.3.2.e		
				planning and case plan		25.2.f See S2.3.2.f		
				review process to				
				increase parent,				
				caregiver (alternative				
				care provider) and child involvement in				
				case assessment, plan				
				development and				
				reassessment.				
				Kathryn Sapp				
				25.3 Improve		25.3.a See S2.3.3.a		
				supervisory capacity		25.3.b See S2.3.3.b		
				to monitor practice		25.3.c See S2.3.3.c		
				linking the assessment		25.3.d See S2.3.3.d		
				with the overall plan.		25.3.e See S2.3.3.e		
				D ' 177 1 1		25.3.f See S2.3.3.f		
				Bonnie Washeck		25.3.g See S2.3.3.g]	
						25.3.h See S2.3.3.h	1	
				25.4 Maximize		25.4.a See P1.6.2.a		
				parental/family		25.4.b See P1.6.2.b		
				involvement in Family		25.4.c See P1.6.2.c		
				Support Team		25.4.d See P1.6.2.d]	
				Meetings.		25.4.e See S2.3.2 a]	
				T		25.4.f See S2.3.2 b]	
				Bonnie Washeck		25.4.g See S2.3.2 c		
						25.4.h See S2.3.2 d		

				Program Imp	rovement Implemen	itation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Achievement	
Non-Conformity		5	Improvement	Trotton Steps	1/104/5/10110110		Benchmark	Goal
	A	N/A						
						25.4.i See S2.3.2 e		
						25.4.j See S2.3.2 f		
				25.5 Improve staff	Training	25.5.a Began offering 25	P-Feb 05	
				facilitation skills for	curriculum	supplemental FST trainings to		
				Family Support Team		selected staff throughout state.	A-Feb 05	
				Meetings.		25.5.b Enhanced/Improved FST skill	P-Feb 05 A-Feb 05	
				Jeff Adams		application for BASIC. 25.5.c Advanced FST skill	P-May 06	
				Jen Adams		application integrated into advanced	r-iviay 00	
						Family-Centered Out-of-Home	A-May 06	
						Service In-Service module.	111111111111111111111111111111111111111	
						25.5.d Advanced FST skill	P-Sep 06	
						application integrated into Advanced		
						Family-Centered Service In-Service	A-Sep 06	
						module.		
Item 26: Process		X	Baseline 62.8%		Monitored			P-Dec 2006
for 6-month case reviews			(derived from average of 8		through CD Outcomes Report			A-Mar 2006
Teviews			quarters in FY 2003		Outcome #12:			A-iviai 2000
			and 2004)		Children with			
					Timely			
			8th Quarter		Completion of			
			performance =		Permanency			
			64.7%		Planning Review			
					within 30 Days			
			Goal 69% (Goal		and 6 Months.			
			established through method described in					
			Item 15 using					
			Outcomes Report					
			data).					
			<i>'</i>	26.1 Revised current	Draft policy	26.1.a Developed draft policy	P-Feb 05	
				policy to clarify an	-	clarifying administrative review	A-Jul 04	
				Administrative		requirements and procedures.		
				Review and		26.1.b Draft policy sent to policy	P-Mar 05	
				requirements	D 11	review team and management.	A-Aug 04	
				Susan Savage	Policy revision	26.1.c Feedback received and	P-Apr 05	
				Susali Savage		revisions made.	A-Aug 04	

				Program Imp	provement Implement	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Al Dates of Ach Benchmark G P-Jun 05 A-Aug 04 P-May 05 A-Nov 05 P-May 05 R-Mar 06 A-Mar 06 P-Aug 04 A-Aug 04 P-Jan 05 A-Aug 04 P-Jan 05 A-Aug 04 P-Jan 05 A-Aug 04 P-Jan 05 A-Aug 04 P-Jan 05 A-Aug 04 P-Jan 05 A-Aug 04 P-Jan 05 A-Aug 04	Achievement
Non-Conformity	0 441112	,	Improvement	Tiedon Steps	TVICUSUI CITICITE		Benchmark	Goal
	Α	N/A						
					Policy disseminated	26.1.d New policy distributed to CD staff.		
				26.2 Recruit 3 rd party participants for Administrative Reviews	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05	
				Cindy Wilkinson		26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	R-Mar 06 A-Mar 06	
				26.3 Increase ability to track 6 month Administrative	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	A-Aug 04	
				Reviews separately from FSTs	CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	A-Aug 04	
				Cindy Wilkinson	Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.		
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system. Baseline established on March 31, 2005 86.3%. Goal=88.0% Goal Achieved					P-Dec 2006 A-Apr 2006
				27.1 Improve access		27.1.a See P1.9.4.a		
				to legal representation		27.1.b See P1.9.4.b		

				Program Im	provement Implemen	tation		
1			2	3	4	5	6	7
Outcome or Syster	nic Fa	ctors	Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of A	Achievement
and Item(s) Contri	buting	g to	Measure/Percent of	Action Steps	Measurement		Benchmark	Goal
Non-Conformity			Improvement				Benemiark	Goai
	Α	N/A						
				for CD.		27.1.c See P1.9.4.c		
						27.1.d See P1.9.4.d		
				Jim Harrison		27.1.e See P1.9.4.e		
						27.1.f See P1.9.4.f		
						27.1.g See P1.9.4.g		
						27.1.h See P1.9.4.h		
						27.1.i See P1.9.4.i		
				27.2 Implement		27.2.a Current curriculum evaluated	P-Apr 05	
				training to develop		by Division of Legal Services.	A-Dec 04	
				testifying skills for		27.2.b Obtained technical assistance	P-Jun 05	
				CD staff.		from DLS, NRC and OSCA.	A-Jul 05	
					Curriculum	27.2.c Based on evaluation and	P-Oct 05	
				Jeff Adams	modified	technical assistance curriculum		
						modified.	A-Oct 05	
						27.2.d Modified curriculum approved.	P-Dec 05	
							A-Dec 05	
					Training	27.2.e Modified curriculum	P-Mar 06	
					curriculum	incorporated into Basic and OJT for	A 3/1 OC	
				27.3 Increase the		existing staff. 27.3.a See 27.2.a	A-Mar 06	
				timeliness of 12		27.3.b See 27.2.b	-	
				month Permanency		27.3.c See 27.2.c	-	
				Hearings		27.3.d See 27.2.d	-	
				1100111100		27.3.e See 27.2.e	1	
				Cindy Wilkinson	Report on circuits	27.3.f Collaborated with OSCA at the	P-May 05	
				Kathryn Sapp	where issues need	state level to ensure joint	1 1410y 05	
				* 11	to be addressed	accountability for timely court	A-Jun 05	
						hearings and identify circuits where		
						CD and court issues needed to be		
						addressed.		
					Workgroup	27.3.g Developed on-going Court	P-June 05	
					participant list	Issues workgroup to monitor		
						timeliness of hearings.	A-Aug 05	
						27.3.h Developed local protocols	P-July 05	
						between the court and CD offices to		
						ensure timely hearings.	A-Aug 05	

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		,	Improvement				Benchmark	Goal
	A	N/A						
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed	P-Jul 05 A-Jul 05	
						and documented during team meeting. 27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 R-Apr 06 A-Apr 06	
				27.4 Provide cross training to judiciary,		27.4.a See P1.7.4.a 27.4.b See P1.7.4.b		
				court staff, GALs and		27.4.c See P1.7.4.c	1	
				Children's Division		27.4.d See P1.7.4.d	1	
				staff on ASFA &		27.4.e See P1.7.4.e		
				Permanency hearings consistent with state and federal regulations.		27.4.f See P1.7.4.f		
				Jeff Adams				
Item 28: Provides a		X	Baseline 83.4%		Monitored through PRR V-			P-Dec 2006
process for termination of parental rights proceedings in accordance with provisions of ASFA.			Goal achieved Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			A-July 2006
				28.1 Improve access to legal representation for CD.		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c		
						28.1.d See P1.9.4.d	1	
				Jim Harrison		28.1.e See P1.9.4.e	1	
						28.1.f See P1.9.4.f	1	
						28.1.g See P1.9.4.g	1	

				Program Imp	rovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity			Improvement				Benchmark	Goal
•	Α	N/A						
						28.1.h See P1.9.4.h		
						28.1.i See P1.9.4.i		
				28.2 Strengthen		28.2.a See S2.3.2.a		
				worker/supervisor		28.2.b See S2.3.2.b		
				skills in engaging		28.2.c See S2.3.2.c		
				families in the		28.2.d See S2.3.2.d		
				assessment, case		28.2.e See S2.3.2.e		
				planning and case plan		28.2.f See S2.3.2.f		
				review process to				
				increase parent,				
				caregiver (alternative				
				care provider) and				
				child involvement in				
				case assessment, plan				
				development and				
				reassessment.				
				Kathryn Sapp				
				28.3 Termination of		28.3.a See P1.9.1a		
				Parental Rights will be		28.3.b See P1.9.1.b		
				filed in a timely		28.3.c See P1.9.1.c		
				manner, except when		28.3.d See P1.9.1.d		
				compelling reasons		28.3.e See P1.9.1.e		
				are documented.				
				C' 1 W''11 '				
				Cindy Wilkinson		20.4 G D1.62		
				28.4 Improve diligent		28.4.a See P1.6.2.a	-	
				search for		28.4.b See P1.6.2.b	4	
				relatives/parents		28.4.c See P1.6.2.c	-	
				Bonnie Washeck		28.4.d See P1.6.2.d		
				28.5 Collaborate with	Droft proposal	28.5 a Proposal drafted	D Aug 05	
				OSCA to amend	Draft proposal	28.5.a Proposal drafted.	P-Aug 05 A-Aug 05	
				211.447 RSMo to		28.5.b Written proposal reviewed by	P-Oct 05	
				ensure consistency				
				w/ASFA requirements	Masting	OSCA and the Department. 28.5.c Meetings held between OSCA	A-Aug 05 P-Nov 05	
				regarding filing of	Meeting agenda		L-1101 02	
				TPR petitions w/in 60		and the Department of Social Services to finalize proposal.	Λ Αμα 05	
]		11 K pennons w/m 00		to imanze proposal.	A-Aug 05	

				Program Impi	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of .	Achievement
and Item(s) Contril Non-Conformity	outing	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	A	N/A						
				days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required. Jim Harrison	Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-Jul 06	
Item 29: Provides a		X		29.1 Increase ability of foster parents to be		29.1.a Implemented HB 1453.	P-Aug 04 A-Aug 04	P-Dec 2006
process for foster parents, readoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.				of foster parents to be notified of and heard in court. Bonnie Washeck	Cross training curriculum	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court. 29.1.c Emphasized to staff the importance of including correct names and addresses in court reports. 29.1.d Comprehensive Child Welfare Training completed with OSCA.	A-Aug 04 P-Jun 05 A-Jun 05 P-Mar 05 A-Apr 05 P-May 05 A-May 05	A-May 2005
Item 30: Standards to assure quality services and ensure children's safety and health Item 31: Identifiable QA	X							
system that evaluates the quality of services and improvements								

				Program Imp	provement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contril			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of	Achievement
Non-Conformity	Dunng	; 10	Improvement	Action Steps	Measurement		Benchmark	Goal
Tron Comorning	Α	N/A	Improvement					
Item 32:	X	14/71						
Provision of	2 %							
ongoing staff								
training that								
addresses the								
necessary skills								
and knowledge Item 33:		X						P-Jan 2007
Ongoing training		Λ						P-Jan 2007
for staff								A-Jan 2007
101 3(4)1				33.1 Develop		33.1.a Professional Development and	P-Feb 04	11-Jan 2007
				supervisory training		Training collaborated with HRC for	1-10004	
				for front line		on-going supervisors training.	A-Feb 04	
				supervisors.	Training agenda	33.1.b Implemented Module Four of	P-Mar 04	
					Training agricu	the CPS Supervisor Training Project.	A-Apr 04	
				Jeff Adams	Training agenda	33.1.c Implemented Module Five of	P-Jul 04	
						the CPS Supervisor Training Project.	A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of	P-Oct 04	
						the CPS Supervisor Training Project.	A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training	P-Dec 04	
						Project Debriefing.	A-Dec 04	
					List of trainings	33.1.f HRC supervisor administrative	P-Dec 04	
					offered	pre-service training began for CD	A-Nov 04	
						supervisors.		
					Curriculum	33.1.g Professional Development and	P-July 05	
					developed	Training completed development of		
						new supervisor training	A-Jul 05	
						curriculum/structure including initial		
						and on-going training.	D 4 . 05	
						33.1.h Training curriculum reviewed	P-Aug 05	
						and approved by CD management. 33.1.i Professional Development and	A-Aug 05	
						Training selected one rural and one	P-Aug 05	
						metro field test site.	A-Aug 05	
						33.1.j Professional Development and	P-Sep 05	
						Training field tested curriculum in	1 Sep 03	
						two test sites	A-Sep 05	
					Evaluation report	33.1.k Professional Development and	P-Jan 06	
						Training evaluated field test results	A-Jan 06	

				Program Im	provement Impleme	ntation		
1			2	3	4	5	6	7
Outcome or System			Goal/Negotiated		Method of	Benchmarks Toward Achieving Goal	Dates of	Achievement
and Item(s) Contri Non-Conformity	buting	g to	Measure/Percent of Improvement	Action Steps	Measurement		Benchmark	Goal
	Α	N/A						
					Curriculum	33.1.1 Professional Development and	P-Jan 06	
					revised	Training, revised curriculum based on evaluation	A-Jan 06	
						33.1.m Professional Development and	P-Jun 06	
						Training implemented curriculum statewide.	A-Jul 06	
				33.2 Develop	Curriculum	33.2.a Professional Development and	P-Oct 04	
				advanced in-service	developed	Training developed advanced in-		
				training module for investigations and		service curriculum for investigators and assessors.	A-Sept 04	
				assessments		33.2.b CD administration approved	P-Nov 04	
				T CC A 1		advanced investigation and		
				Jeff Adams		assessment in-service training module.	A-Sept 04	
					Training dates	33.2.c Professional Development and	P-Jan 05	
						Training began training advanced	4 0 . 0 4	
						investigation and assessment curriculum.	A-Sept 04	
					Curriculum	33.2.d Professional Development and	P-June 05	
					revised	Training evaluated advanced	A T 05	
						investigation and assessment training module and made revisions.	A-Jun 05	
						33.2.e Professional Development and	P-Jul 05	
						Training implemented revised	A T 107	
						investigation and assessment advanced in-service training	A-Jul 05	
						statewide.		
				33.3 Develop	Workgroup	33.3.a Professional Development and	P-Feb 04	
				advanced in-service	participant list	Training formed workgroup to	_ 10001	
				training module for	F F	develop Family-Centered Services	A-Feb 04	
				Family- Centered		advanced in-service training module.		
				Services	Focus group	33.3.b Professional Development and	P-Mar 04	
					report	Training workgroup conducted focus		
				Jeff Adams		groups for feedback on Family-	A-Mar 04	
						Centered Service training needs.	D.M. 04	
						33.3.c Professional Development and	P-Mar 04	
						Training reviewed Family-Centered	A-Mar 04	
	<u> </u>					Service focus group feedback.	A-IVIAT U4	

Curriculum revisions A Sep 05 A Sep 05 A Sep 05 A Sep 06 A Sep 05 A Sep 06					Program Impi	rovement Implemen	tation		
Measure/Percent of Improvement Action Steps Measurement Renchmark Goal	1			2	3	4	5	6	7
Mon-Conformity						Method of	Benchmarks Toward Achieving Goal	Dates of A	Achievement
Curriculum developed advanced inservice curriculum for Family-Centered Services. 33.3.4 CPO administration approved advanced Family-Centered Services inservice training module. Training dates Training development and training independent and training dates Training training dates Training dates Training training dates Training training dates Training training dates Training dates Training dates Training dates Training dates Training dates Training dates Training dates Training training dates Training dates Training dates Training dates Training dates Training dates Training dates Training dates Training dates Training date		buting	g to		Action Steps	Measurement		Benchmark	Goal
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developed and reviewed Training developed advanced in- reviewed service curriculum for Family- A-Oct 05						Curriculum		P-Oct 05	
reviewed service curriculum for Family- A-Oct 05								1 00:05	
								A-Oct 05	
Centered Out-of-Home Care Services									
and reviewed by OSCA.									

		Program Im	provement Implemen	tation		
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to	Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity	Improvement	Treation Steps	Tyleusurellient		Benchmark	Goal
A N/A						
				33.4.e CD administration approved	P-Nov 05	
				advanced Family- Centered Out-of- Home Care Services in-service training module.	A-Feb 06	
			Training dates	33.4.f Professional Development and Training began training advanced	P-Dec 05	
				Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	A-Feb 06	
			Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-	P-Mar 06	
				Centered Out-of-Home Care Services training module and made revisions.	A-Mar 06	
				33.4.h Professional Development and Training implemented revised	P-May 06	
				Family-Centered Out-of-Home Care Services advanced in-service training	A-May 06	
		33.5 Enhanced On-	Workgroup	statewide. 33.5.a Professional Development and	P-Mar 04	
		The-Job (OJT)	participant list	Training and Children's Services		
		Training	Evaluation tools	Specialist formed OJT workgroup. 33.5.b Workgroup developed new	A-Mar 04 P-Mar 05	
		Jeff Adams	developed	evaluation tools for OJT activities.	A-Mar 05	
			developed	33.5.c Children's Services Specialists provided enhanced OJT in field and	P-June 05	
				served as clinical mentors/trainers for OJT.	A-Jun 05	
			Core team members	33.5.d Created a core team consisting of social work specialists, supervisors, workers and trainer to enhance the provision of On-the-Job Training (OJT).	P-Jan 06 A-Jan 06	
			List of core skills/ competencies	33.5.e Identified core skills/ competencies that CD will expect	P-Apr 06	
				new staff to have after completing BASIC.	A-Apr 06	
			Skill guide	33.5.f Beginning skills guide to be developed for use by supervisors.	P-Apr 06 A-Apr 06	

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		,	Improvement	Tions Steps			Benchmark	Goal
	Α	N/A						
						33.5.g Supervisors commented on the	P-Jun 06	
						skills/guide list.	A-Jun 06	
						33.5.h Skills guide modified after	P-Jun 06	
						comment periods.	A- Jul 06	
						33.5.i Skills guide/list available for	P-Aug 06	
						statewide use by supervisors.	A-Aug 06	
				33.6 Create training	Advisory	33.6.a Professional Development and	P-Mar 05	
				advisory Committee to	Committee	Training created state training	R-Oct 06	
				annually assess needs	participant list	advisory committee, including	A-Oct 06	
				and evaluate training		schools of social work.		
					Mission statement	33.6.b Advisory committee developed	P-Apr 05	
				Jeff Adams		a mission statement.	R-Oct 06	
							A-Oct 06	
					Written	33.6.c Advisory Committee	P-May 05	
					assessment plan	developed a written plan for assessing	R-Nov 06	
					XX7 ****	training needs	A-Nov 06	
					Written	33.6.d Advisory Committee	P-May 05	
					evaluation plan	developed a written plan for	R-Nov 06	
						evaluating training needs 33.6.e Plan submitted to CD	A-Nov 06	
							P-Jul 05 R-Dec 06	
						administrators for approval	A-Dec 06	
				33.7 Develop Child	Committee	33.7.a CA/N Training Institute	P-Jan 04	
				Abuse and Neglect	participant list	Planning Partnership committee met	1 -3 an 04	
				Training (CA/N)	participant nst	to finalize topics and session content	A-Jan 04	
				Institute for CD staff		for upcoming three CA/N Training	71 Juli 04	
				Institute for OB Staff		Institutes		
				Cindy Wilkinson	Training agenda	33.7.b Held first CA/N Training	P-Apr 04	†
					88.	Institute Session	A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training	P-Nov 04	†
						Institute	A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training	P-Feb 05	Ť
						Institute	A-Feb 05	
				33.8 Provide training	Circuit Self-	33.8.a Circuits completed Circuit	P-Aug 04	
				based on circuit	Assessments	Self-Assessments	A-Aug 04	
				specific needs		33.8.b Circuits notified Professional	P-Nov 04	
						Development and Training Unit of		
				Jeff Adams		targeted training needs	A-Nov 04	

				Program Imp	orovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity		,	Improvement	Trouble Steps	1/10454101110110		Benchmark	Goal
·	Α	N/A						
						33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Jan 05 A-Jan 05	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						P-Dec 2006 A-July 2006
				35.1 Increase access and availability to dental services Bonnie Washeck 35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA) Jeff Adams	Curriculum developed Training agenda and date Field test training Training agenda Curriculum revised	35.1.a See WB3.22.1.a 35.1.b See WB3.22.1.b 35.1.c See WB3.22.1.c 35.1.d SeeWB3.22.1.d 35.1.e SeeWB3.22.1.e 35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information 35.2.b Presented Drug training to focus group 35.2.c Field tested drug training in Southwest region 35.2.d Second field test conducted in Jefferson County 35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff 35.2.f Completed three additional	P-Jan 04 A-Jan 04 P-Feb 04 A-Feb 04 P-Jun 04 A-Jun 04 P-Nov 04 P-Apr 05 A-Apr 05 P-Jun 06	
				35.3 Increase	sites	Family, Drugs and Safety trainings across the state. 35.3.a See P1.6.5.a	A-Jul 06	
				availability of		35.3.b See P1.6.5.b		

				Program Imp	rovement Implemen	tation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
Non-Conformity			Improvement				Benchmark	Goal
	A	N/A						
				specialized foster homes for older youth, siblings, disabled and medically fragile children.		35.3.c See P1.6.5.c 35.3.d See P1.6.5.d 35.3.e See P1.6.5.e		
				Cindy Wilkinson 35.4 Increase availability of and access to parenting classes and	Circuit self- assessment	35.4.a Through circuit self- assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
				family/parent aide services. Bonnie Washeck	CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-Feb 06	
				35.5 Increase services to meet the needs of non-English speaking consumers.	Circuit self- assessments	35.5.a Through circuit self- assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
				Kathryn Sapp	Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-Jul 05	
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-Dec 05	
				35.6 Increase availability of transportation services.	Circuit self- assessment	35.6.a Available transportation services determined through circuit self-assessment. 35.6.b Recruited regional service	P-Mar 05 A-Aug 04 P-May 05	
				Bonnie Washeck	CTS contracts	organizations to provide transportation services. 35.6.c Issued state-wide transportation contracts.	A- Jul 05 P-Mar 06 A-Feb 06	
Item 36: The services in item 35 are accessible to families and children in all political		X		See Item 35, 1-6		tunsportation contracts.	1110000	P-Dec 2006 A-July 2006

				Program Impr	ovement Implemen	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contri			Goal/Negotiated Measure/Percent of	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal		Achievement
Non-Conformity			Improvement	•			Benchmark	Goal
	Α	N/A						
jurisdictions covered in the State's CFSP.								
Item 37: The		X						P-Dec 2006
services in item 35 can be individualized to meet the unique needs of children and families served by the								A-July 2006
agency.				37.1 Increase access to		See Item 35 1-6		
				existing services		27.2		
				37.2 Strengthen		37.2.a See S2.3.2.a	1	
				worker/supervisor		37.2.b See S2.3.2.b	1	
				skills in engaging families in the		37.2.c See S2.3.2.c	4	
				assessment, case		37.2.d See S2.3.2.d	4	
				planning and case plan		37.2.e See S2.3.2.e	1	
Item 38: Engages	X			review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		37.2.f See S2.3.2.f		
in ongoing consultation with critical stakeholders in	Λ							
developing the CFSP								
Item 39: Develops annual progress reports in consultation with	X							

				Program Imp	rovement Implemer	ntation		
1			2	3	4	5	6	7
Outcome or System and Item(s) Contrib			Goal/Negotiated Measure/Percent of	Action Steps	Method of Action Steps Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
Non-Conformity	·		Improvement	1			Benchmark	Goal
	A	N/A						
stakeholders								
Item 40:	X							
Coordinates								
services with other federal programs								
Item 41:	X							
Standards for	2.5							
foster family and								
child care								
institutions Item 42:	X							
Standards are	2.5							
applied equally to								
all foster family								
and child care institutions								
Item 43: Conducts	X							
necessary criminal								
background								
checks.		37						D.D. 2004
Item 44: Diligent recruitment of		X						P-Dec 2006
foster and adoptive								A-July 2006
families that reflect								A-3uly 2000
children's racial								
and ethnic diversity.								
diversity.				44.1 Increase the		44.1.a See P1.6.5.a		
				number of resource		44.1.b See P1.6.5.b		
				families.		44.1.c See P1.6.5.c	1	
						44.1.d See P1.6.5.d	1	
				Cindy Wilkinson		44.1.e See P1.6.5.e		
						44.1.f See P 2.12.3.a]	
						44.1.g See P 2.12.3.b	1	
						44.1.h See P 2.12.3.c	1	
						44.1.i See P 2.12.3.d	4	
Itom 45. IT	X					44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional	Λ							
resources to find								
placements								

Program Improvement Plan First Quarter Submission May 2005

Outcomes or Systemic Factors	Action Steps	Progress Made Towards Achieving Goal	Benchmark Dates of Achievement
ITEM 1 Timeliness of	S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment.	All benchmarks met in this step. However, memo was not disseminated to staff until May. See attached memo.	P: Mar 05 A: May 05
initiating investigations of reports of	S1.1.2 Increase accuracy of data regarding initial contact.	No benchmarks due at this time.	P: Aug 05 A:
child maltreatment.	S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals.	Benchmarks met for steps a-f. Due to budget cuts of reclassification of the Self-Sufficiency Case Managers to Caseworkers, this pilot (steps g-h) project will not be expanded to other sites and ended effectively in Jackson Co. on April 29, 2005. See documentation.	P: Aug 05 A: Apr 05
	S1.1.4 Develop improvement plan to respond timely to reports of maltreatment.	Benchmarks met for steps a-c. See documentation. Step d not due until July 05	P: Apr 05 A: Apr 05
	S1.1.5 Call management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received.	Benchmarks met for steps a-c. See documentation. Steps d-g not due at this time.	P: Aug 04 A: Aug 04
ITEM 2 Repeat	S1.2.1.Ensure consistent and accurate completion of SDM safety and risk assessment.	Benchmarks met for steps a-f. See documentation. Steps g-h not due at this time.	P: Apr 05 A: Apr 05
Maltreatment Recurrence	S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process.	Benchmarks met for steps a-d. See documentation. Steps e-f not due at this time.	P: Mar 05 A: Mar 05
of maltreatment Of all children	S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.	No benchmarks due at this time.	P: May 05 A:
who were victims of a substantiated or indicated maltreatment report in the	S1.2.4 Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.	Benchmarks met for steps a-c. See documentation. Steps d-e not due at this time.	P: Apr 05 A: Apr 05
first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period.	S1.2.5 Strengthen policy and practice relating to chronic neglect and accumulation of harm.	Benchmarks met for steps a-b. See documentation. Title IV-E waiver application originally submitted in June 2004 and re-submitted in May 2005. Steps c-k not due at this time.	P: Jan 05 A: May 05
	S1.2.6 Develop performance-based contract for foster parents.	No benchmarks due at this time.	P: May 05 A:
ITEM 3 Services to Family to protect child(ren) In home and prevent removal	S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments: include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns (to be completed	Benchmarks met for steps a-b. See documentation. Steps c-h not due at this time.	P: May 05 A: Feb 05

	concurrently with S2.3.2).		
Outcomes or Systemic Factors	Action Steps	Progress Made Towards Achieving Goal	Benchmark Dates of Achievement
	S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	Benchmarks met for steps a-d. See documentation. Steps e-f not due at this time.	P: Feb 05 A: Feb 05
	S2.3.3 Improve supervisory capacity to monitor enhanced practice relating to case planning.	No benchmarks due at this time.	P: May 05 A:
	S2.3.4 Establish procedures to access various service funding streams.	No benchmarks due at this time.	P: Aug 05 A:
	S2.3.5 Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.	All benchmarks met in this step.	P: Jan 05 A: Jan 05
ITEM 4 Risk of harm	S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.	S2.4.1 a-g See S1.2.1 a-g	
to Child(ren)	S2.4.2 Implementation of "Confirming Safe environments" process.	S2.4.2 a-g See S1.2.2 a-g	
	S2.4.3 Implementation enhanced background screening for foster/kinship and court ordered providers.	All benchmarks met in this step. See documentation.	P: Nov 04 A: Nov 04
	S2.4.4 Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.	All benchmarks met in this step. See documentation.	P: Aug 04 A: Aug 04
	S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments; include a mechanism for family selfassessment and identified areas specifically related to child safety and risk concerns.	S2.4.5 a-h See S2.3.1. a-h	
ITEM 5	Passed CFSR On-site review and 2002 AFCARS		
ITEM 6 Stability of	P1.6.1 Increase system capacity to accurately track placement kinship vender types.	Benchmark "a" met. See documentation. Steps b-e not due at this time.	P: Mar 05 A: Feb 05
foster care placement	P1.6.2 Improve diligent search for relatives/missing parents.	All benchmarks met in this step. See documentation.	P: Apr 05 A: Apr 05
	P1.6.3 Expand use of Family Support Team Meetings to promote stability in alternative care placements.	All benchmarks met in this step. See documentation.	P: Feb 05 A: Feb 05
	P1.6.4 Identify resource family types and shortages.	Benchmark "a" met. See documentation. Step "b" not due at this time.	P: Apr 05 A: Apr 05

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	P1.6.5 Increase number of resource families.	All benchmarks met in this step except step d. Step "a" the "What's It All About" video made by the State Youth Advisory Board was previously sent to ACF. Step "d" the award of new contract on hold due to budgetary constraints. This RFP is intended for statewide resource and recruitment activities. However, current contractors and staff continue to work on targeted recruitment.	P: Mar 05 A: Pending
	P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.	No benchmarks due at this time.	P: Mar 06 A:
	P1.6.7 Evaluate support and training provided for relative/kinship resource families.	No benchmarks due at this time.	P: Dec 05 A:
Permanency	P1.7.1. Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy.	All benchmarks met in this step. See documentation.	P: Feb 05 & Ongoing A: Feb 05 & Ongoing
goal for child	P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established.	Benchmarks a-d met. See documentation. Steps f-h are pending due to step "e" not being met. Expert facilitators have yet to be identified in each region.	P: Mar 05 A: Pending
	P1.7.3 Strengthen policy and practice relating to concurrent planning.	Benchmark "a" has been met. Steps b-c not due yet.	P: Mar 05 A: Mar 05
	P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state regulations.	All benchmarks met in this step. See documentation.	P: Jun 04 A: Sept 04
ITEM 8 Reunification,	P1.8.1 Address permanency and service needs of children in Legal Status 2, 3, and 4.	Benchmarks a-c met. See documentation. Steps denot met due to pending meeting with DLS and OSCA. Steps f-h not due yet.	P: Apr 05 A: Pending
guardianship, or permanent placement with relatives.	P1.8.2 Establish procedures to access various services funding streams.	P1.8.2 a-b See S2.3.4 a-b	
	P1.8.3 Ensure frequency and timeliness of Family Support Team Meetings occurs per policy.	P1.8.3 1-c See P1.7.1 a-c	
	P1.8.4 Improve quality of Family Support Teams to assure the review of permanency goal.	P1.8.4 a-h See P1.7.2 a-h	
	P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children's Division staff and GALs on ASFA & Permanency hearings consistent with state and federal regulations.	P 1.8.5 a-f See P1.7.4 a-f	
	P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's Division staff regarding roles and responsibilities.	Benchmarks a-b met. See documentation. Step "c" not due yet.	P: Dec 04 A: Dec 04
	P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate and Circuit Courts to expedite guardianship.	All benchmarks met in this step. See documentation.	P: Mar 05 A: Jan 05
	P1.8.8 Determined policy remedy to be used in addition or in lieu of ay legislative change referred in P1.8.7.	Benchmark "a" not due at this time.	P: Oct 05 A:

ITEM 9	P1.9.1 Termination of Parental Rights will be filed in a timely	Benchmark "a" met. See documentation. Steps b-g not due at this time.	P: Feb 05
Adoption	manner, except when compelling reasons are documented.	not due at this time.	A: Feb 05
	P1.9.2 Increase number of resource families.	P1.9.2 a-e See P1.6.5 a-e	
	P1.9.3 Increase capacity to conduct home studies and finalize adoptions.	Benchmark "a" met. See P1.6.5 c for copy of RFP. Unable to ascertain an accurate workload staffing for step "b" due to other workers and contractors conducting home studies beside adoption specialists. Outcome Measure #16 reports 603 new and relicensed adoptive home. There are currently 134 adoption specialists. See documentation.	P: Mar 05 A: Pending
	P1.9.4 Improve assess to legal representation for CD staff.	Benchmarks a-b, e and f met. See documentation. Steps c-d and f will not be met due to budget cuts and the lack of resources to fund law school clinic passed the state's fiscal year. Steps h-l not due at this time.	P: Apr 05 A: Apr 05 & unable to meet due to budget cuts
ITEM 10 Other planned	P1.10.1 Increase number and quality of resource families for older youth.	P1.10.1 a-e See P1.6.5 a-e. Benchmark "f" met. See documentation. Steps g-h not due yet.	P: Mar 05 A: Mar 05
living arrangement	PI.10.2 Increase awareness of Chafee program services to staff and community members.	Benchmarks met for a-c. See documentation. Steps d-e not due yet	P: Mar 04 A: Mar 04
	P1.10.3 Increase program accessibility to provide life skills training services for youth.	Benchmarks met for a-e. See documentation. Step "f" not due yet.	P: Feb 05 A: Feb 05
ITEM 11	Goal achieved		
ITEM 12 Placement with siblings	P2.12.1 Increase the number of siblings placed together	Benchmarks met for a-c. The memo addressing HB 1453 issues covered placement of children, there was only a vague reference to siblings. Another memo currently in draft form specifically address placement of siblings and sibling visitation. See documentation. Step "d" not due yet	P: Feb 05 Ongoing & Quarterly A: Feb 05
	P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents,	No benchmarks due at this time. P2.12.2 b-g See P1.7.4. a-f	P: Nov 05 A:
	and juvenile court staff. P2.12.3 Increase capacity for resource families that accept sibling groups.	P2.12.3 a-e See P1.6.5.a-e	
Visiting with parents and siblings in foster care	P2.13.1 Increase frequency and quality of parent/child and sibling visits.	No benchmark due at this time.	P: Aug 05 A:
ITEM 14 Preserving connections.	P2.14.1 Increase emphasis on preserving familial and community connections for children in out-of home care.	No benchmarks due at this time.	P: May 05 A:
	P2.14.2 Improve diligent search for relatives/missing parents.	P2.14.2 a-d See P1.6.2.a-d	
	P2.14.3 Revise ICWA policy.	Benchmark met for "a". See documentation. Steps be not due yet.	P: Aug 04 A: Aug 04
ITEM 15	P2.15.1 Increase system capacity to accurately track placement kinship vendor types.	P2.15.1 a-e See P1.6.1 a-e	

Relative placement	P2.15.2 Improve diligent Search for relatives/missing parents.	P2.15.2 a-d See P1.6.2 a-d	
	P2.15.3 Evaluate support and training provided for relative/ kinship resource families.	P2.15.3 a-c See P1.6.7 a-c	
ITEM 16	P2.16.1 Improve diligent search for non-custodial parent.	P2.16.1 a-d See P1.6.2 a-d	
Relationship of child in care with parents	P2.16.2 Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver, (alternative care provider) and child involvement in case assessment, plan development and reassessment.	P2.16.2 a-f See S2.3.2 a-f	
Needs and services of child, parents	WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs to the bio family identified in the initial and ongoing assessment.	WB1.17.1 a-h See S2.3.1 a-h	
foster parents	WB1.17.2 Strengthen worker skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. WB1.17.3 Implementation of	.WB1.17.2 a-f See S2.3.2 a-f WB1.17.3 a-f See S1.2.2 a-f	
	"Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers.	WB1.17.3 a-1 3ee 31.2.2 a-1	
Item 18	WB1.18.1 Maximize parental/family participation in Family Support team meetings.	WB1.18.1 a-f See S2.3.2.a-f. Benchmark "g" not due yet.	P: Aug 05 A:
Child and Family involvement in	WB1.18.2 Improve the quality of Family Support Team Meetings.	WB1.18.2 a-h See P1.7.2 a-h	
case planning	WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, court procedures, etc.	No benchmarks due at this time.	P: Aug 05 A:
ITEM 19 Worker	WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.	Benchmarks met for a-b. See documentation. Steps c-f not due at this time.	P: Feb 05 A: May 05
visits with child- improve quantity	WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.	No benchmarks due at this time.	P: Aug 05 A:
and quality	WB1.19.3 Tracking system to track worker visits (date/site).	No benchmarks due at this time.	P: Feb 06 A:
Item 20	WB1.20.1 Strengthen worker relationships with biological or adoptive parents.	Benchmarks a-b not due at this time.	P: May 05
Worker visit with parent(s)	ασομίνο ραιστίο.	WB1.20.1 c-h See S2.3.2 a-f	

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	WB1.20.2 Refer to WB1.19.2, WB1.19.2 & WB1.19.3	WB1.20.2 a See WB1.19.1 a-f	
	a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.	WD4 20 2 h See WD4 40 2 e	
	WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.	WB1.20.2 b See WB1.19.2 a-c	
	WB1.19.3 Tracking system to track worker visits (date/site).	WB1.20.2 c See WB1.19.3 a-b	
Children receive appropriate	WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.	Benchmark "a" met. See documentation. Steps b-e not due at this time.	P: Mar 05 A: Apr 05
services to meet their	WB2.21.2 Improve the flow of educational records and reports	No benchmarks due at this time.	P: Jun 05
educational	when children transfer schools.		A:
needs	WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.	Benchmark "a" met. Steps b-g not due at this time.	P: Apr 05 A: Apr 05
	WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children intact families.	Benchmark "a" met. Steps b-g not due at this time.	P: Apr 05 A: Apr 05
ITEM 22 Physical	WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.	Benchmark "a" met. See Documentation. Steps b-e not due at this time.	P: Mar 05 A: Aug 04
health of the child	WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.	No benchmarks due at this time.	P: Jul 05 A:
Item 23	WB3.23.1 Increase the ability of Children's Division Staff and families to access mental health resources.	Benchmarks met for a-c. See Documentation. Steps d-e not due at this time.	P: Jan 05 A: Jan 05
Mental Health needs of the child	WB3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues.	Benchmarks met for a-d. See Documentation. Step "e" not due at this time.	P: Mar 05 A: Mar 05
	WB3.23.3 Increase capacity of staff to assess mental health needs of children in intact families.	No benchmarks due at this time.	P: Jul 05 A:
ITEM 24	Goal achieved.		
Provides a process that ensures that	25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments.	25.1 a-h See S2.3.1 a-h	
each child has a written case plan to be developed jointly with the child's parent(s) that includes the	25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	25.2 a-f See S2.3.2.a-f	
required provisions	25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan.	25.3 a-h See S2.3.3 a-h	
	25.4 Maximize parental/family involvement in Family Support Team meeting.	25.4 a-d See P1.6.2.a-d 25.4 e-j See S2.3.2 a-f	
	25.5 Improve staff facilitation skills for Family Support Team Meetings.	Benchmarks met for a-b. See Documentation. Steps c-d not due at this time.	P: Feb 05 A: Feb 05

ITEM 26	26.1 Revised current policy to clarify an Administrative Review	Benchmarks met for a-c. See Documentation. Step "d" not due at this time.	P: Apr 05
Process for 6-	and requirements.		A: Aug 04 P: May 05
month case reviews	26.2 Recruit 3 rd party participants for Administrative	No benchmarks due at this time.	P: May 05
	Reviews.		A:
	26.3 Increase ability to track 6	All benchmarks met for this step. See Documentation.	P: Jan 05
	month Administrative Reviews separately from FSTs.		A: Aug 04
ITEM 27	27.1 Improve access to legal representation for CD.	27.1 a-l See Pa.9.4 a-i	
Provides a process that	27.2 Implement training to	Benchmark met for "a". See Documentation. Steps b-e	P: Apr 05
ensures that each child in	develop testifying skills for CD staff.	not due at this time.	A: Dec 04
foster care under	27.3 Increase the timeliness of	27.3 a-e See 27.2 a-e. Steps f-j not due at this time.	P: May 05
the supervision of the state has	12 month Permanency	,	A:
a permanency	Hearings.	07.4 - 4.0 4 - 4	Λ.
a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months	27.4 Provide cross-training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.	27.1 a-f See P1.7.4 a-f	
thereafter. ITEM 28	28.1 Improve access to legal representation for CD.	28.1 a-I See S2.3.2 a-f	
Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA	28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	28.2 a-f See S2.3.2 a-f	
	28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.	28.3 a-e See P1.9.1 a-e	
	28.4 Improve diligent search for relative/parents.	28.4 a-d See p1.6.2 a-d	
	28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant. Or that no Reasonable Efforts are required.	No benchmarks due at this time.	P: Aug 05 A:

Provides a process for foster parents, re-adoptive parents and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child	29.1 Increase ability of foster parents to be notified of and heard in court. Goal achieved.	Benchmark "a" and "c" met. Steps "b" and "d" not due at this time.	P: Mar 05 A: Apr 05
ITEM 31	Goal achieved.		
ITEM 32	Goal achieved.		
ITEM 33 Ongoing	33.1 Develop supervisory training for front line supervisors.	Benchmarks met for a-h. See Documentation. Step "g" not due at this time.	P: Dec 04 A: Dec 04
training for staff	33.2 Develop advances in service training for investigations and assessments.	Benchmarks met for a-c. See Documentation. Steps d-e not due at this time.	P: Jan 05 A: Sept 04
	33.3 Develop advanced inservices training module for Family-Centered Services.	Benchmarks met for a-c. See Documentation. Steps d-h not due at this time.	P: Mar 04 A: Mar 04
	33.4 Develop advanced inservice training module for Family-Centered Out-of-Home Care Services.	Benchmarks met for a-c. See Documentation. Steps d-h not due at this time.	P: Jul 04 A: Jul 04
	33.5 Enhanced On-the-Job (OJT) Training.	Benchmarks met for a-b. See Documentation. Step "c" not due at this time.	P: Mar 05 A: Mar 05
	33.6 Create training advisory Committee to Annually assess needs and evaluate training.	Benchmark met for "a". See Documentation. Step "b" is pending due to schedule of committee members. Steps c-e not due at this time.	P: Apr 05 A: Pending
	33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff.	All benchmarks met in this step. See Documentation.	P: Feb 05 A: Feb 05
	33.8 Provide training based on circuit specific needs.	All benchmarks met in this step. See Documentation.	P: Jan 05 A: Jan 05
ITEM 34	Goal achieved.		
Item 35	35.1 Increase access and availability to dental services.	35.1 a-e See WB3.22.1 a-e	
Service array	35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA).	Benchmarks met for a-e. See Documentation. Step "f" not due at this time.	P: Apr 05 A: Apr 05
	35.3 Increase availability of specialized foster homes for older youth, sibling, disabled and medically fragile children.	35.3 a-e See P1.6.5 a-e.	
	35.4 Increase availability of and access to parenting classes and family/parent aide services.	Benchmark met for "a". Step "b" not due at this time.	P: Mar 05 A: Aug 04
	35.5 Increase services to meet the needs of non-English speaking consumers.	Benchmark met for "a". Steps b-c not due at this time.	P: Mar 05 A: Aug 04

	35.6 Increase availability of transportation services.	Benchmark met for "a". Steps b-c not due at this time.	P: Mar 05 A: Aug 04
ITEM 36	See Item 35, 1-6		
The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP			
ITEM 37	37.1 Increase access to existing services.	See Item 35 1-6	
The services in item 35 can be individualized to meet the unique needs of children and families served by the agency	37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	37.2 a-f See S2.3.2 a-f	
ITEM 38	Goal achieved.		
ITEM 39	Goal achieved.		
ITEM 40	Goal achieved.		
ITEM 41	Goal achieved.		
ITEM 42	Goal achieved.		
ITEM 43	Goal achieved.		
Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity	44.1 Increase the number of resource families.	44.1 a-d see P1.6.5.a-d 44.1 f-j see P2.12.3 a-e	
ITEM 45	Goal achieved.		

MISSOURI PROGRAM IMPROVEMENT PLAN QUARTER 2 PROGRESS REPORT MAY – JULY 2005

CHILDREN'S DIVISION

SUBMISSION DATE: AUGUST 30, 2005

Quarter 2 Accomplishments

The following is a summary of activities completed during Quarter 2 (May – July 2005) of the Program Improvement Plan (PIP).

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

- Item 1: Timeliness of initiating investigations of reports of child maltreatment
- (S1.1.1) Clarify policy regarding timeliness of initiating reports of child maltreatment. All benchmarks in this action step were met during Quarter 1 (February April 2005).
- (S1.1.2) *Increase accuracy of data regarding initial contact.* Circuit Managers (CM) and Quality Assurance Specialists (QAS) continue to monitor quarter Peer Record Review (PRR) results and made recommendations for improvements including: reminding staff that 24hrs beings at the time the report was made, holding weekly supervisory consultations with staff having difficulty making initial contact, use of Alternative Care staff to make contact and assess for safety if the Investigator cannot make the initial contact, reviewing data to ensure it is being entered accurately and utilizing the multi-disciplinary team when possible.
- (S1.1.3) Study feasibility for alternative protocols for managing non CA/N referral. All benchmarks in this action step were either met during Quarter 1 or are one of the three items under discussion for renegotiation.
- (S1.1.4) **Develop improvement plan to respond timely to reports of maltreatment.** In August 2004, circuit self assessments were completed to evaluate CA/N responses. During the Quarter 1, local CA/N response protocols were established and implemented. Regional Improvement plans to improve timeliness of initial contact were developed by all regions. Improvements include: identifying what the barriers are to initiating timely contact, CMs, QAS and PETs holding monthly meeting to look at their performance using Outcome and Management reports and the PRR, development of a tip sheet for 24 hour contact, corrective action plans for workers who continues to have problems making timely contact, correctly using the multi-disc team, and the use of case reading form checklist. Supervisory conferences are held with staff immediately after a case read to address barriers.
- (S1.1.5) Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received. The Call Management and SDM protocols implemented to provide consistent screening and classification of calls received were provided during Quarter 1 submission. Along with the protocols, a training agenda to train staff on how to use the protocols were also provided during Quarter 1. No benchmarks are currently due for this action step for Quarter 2.

Item 2: Repeat maltreatment

- (S1.2.1) *Ensure consistent and accurate completion of SDM safety and risk assessment.* Field staff are charged quarterly with looking at their SDM Safety Assessment performance on PRR I-8 and II-8. When their performance during the current quarter falls below previous quarters, they are to assess the decline and develop an action plan on improvement. Regional plans are attached. Staff was provided with random selected incident numbers equal to at least 10 percent of the reports received and instructed to review the cases using the SDM review tool. Results of the review are indicated in the evaluation report attached.
- (S1.2.2) *Implementation of Confirming Safe Environments (CSE) process.* There are no benchmarks due in this action step for this quarter.
- (S1.2.3) **Strengthen policy regarding assessment of safety at and throughout placement.** A Visitation Workgroup has been developed not only to address parent/child/worker visitation issues but also charged with developing policy regarding assessment of safety at and throughout placement. Attached is an explanation on the progress of the workgroup.
- (S1.2.4) Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care. PET or PIP workgroups have been formed throughout the state to review or address various issues and develop improvement strategies. Regional improvement plans are provided if their performance for reducing maltreatment and CA/N in foster care is below the state's goal.
- (S1.2.5) **Strength policy and practice relating to chronic neglect and accumulation of harm.** While the IV-E waiver application for Chronic Neglect was initially submitted in June 2004, it has undergone a series of postponements in an effort to establish an effective approach and services to tackle the problem of chronic families and while remaining cost neutral. However, Jasper and Newton Counties expressed an interest in piloting the project and on June 6th and June 7, 2005, the newly developed Chronic Neglect Training was conducted with staff in Jasper and Newton County. A full explanation of the progress of this project is attached along with the training agenda.
- (S1.2.6) **Develop performance-based contract for foster parents.** HB 1453 requires foster parents meet performance based criteria prior to licensing or relicensing. The purposes of a Professional Family Development Plan (PFDP) will be to assess knowledge, target training needs, and enhance skills for improve performance of foster parents. The components of the PFDP will include an assessment of the foster family's present level of competencies; annual educational goals; methods of reaching those goals; and a way to determine if goals have been met.

 Language for the PFDP has been incorporated into the foster parent licensing rules. A copy is attached. However, the rules have not been promulgated.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in home and prevent removal

- (S2.3.1) *Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.* The Family Assessment instrument currently referred to as the CD-14 has gone through several revisions in the last few years, the latest version taking place during 2004. In September 2004 field testing for the CD-14 began in Circuit 2. The CD-14 Assessment and Service Planning training began in the Kansas City and St. Louis areas in February 2005 and will continue through October 2005. Valuable input was received during the field test and training sessions to revise the CD-14 as needed. The latest revision was made during April 2005. A more comprehensive narrative regarding the field test and training process is attached. The most recent revision of the CD-14 packet is also attached.
- (S2.3.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement. There are no benchmarks due during Quarter 2 for this action step.
- (S2.3.3) *Improve supervisory capacity to monitor enhanced practice relating to case planning.* CD requested technical assistance from and began working with the National Resource Center for Organizational Improvement in early spring 2005. The first meeting was held during April 2005. In April's meeting discussion centered around designing a comprehensive technical assistance plan to assist CD in meeting PIP priorities. One of which is supporting front line supervisors in their daily work. A supervision workgroup was formed in June 2005 to address supervisory training to include a clinical focus and a case review tool. A subgroup was created to specifically look at existing review tools used by field staff and is charged with creating a draft tool. It is anticipated that a draft version will be available for review by the next meeting scheduled for October 2005. A brief explanation of these benchmarks is also attached.
- (S2.3.4) *Establish procedures to access various service funding streams.* There are no benchmarks due during Quarter 2 for this action step.
- (S2.3.5) Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families. All benchmarks in this action step were accomplished during Quarter 1.

Item 4: Risk of harm to child (S2.4.1) – Ensure consistent and accurate completion of SDM safety and assessment. Refer to S1.2.1

- (S2.4.2) *Implementation of CSE process.* Refer to S1.2.2
- (S2.4.3) *Implement enhance background screening for foster/adopt and court ordered providers.* During this quarter there no policy updates on enhancing background screening for foster/kinship and court ordered providers.
- (S2.4.4) **Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.** All benchmarks in this action step were accomplished during Quarter 1. Quarterly monitoring of Preponderance of Evidence reports indicates that three were received by residential treatment facilities during this quarter compared to one during Quarter 1.
- (S2.4.5) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns. Refer to S2.3.1

Permanency Outcome 1: Children have permanency and stability in their living situations.

- **Item 5: Foster care re-entries.** This item was found to be substantially achieved.
- Item 6: Stability of foster care placement
- (P1.6.1) *Increase system capacity to accurately track placement kinship vendor types.* Coding changes have been made to the Legacy system to improve tracking of additional kinship placement types. During July 2005, Central Office staff began training staff in the 13th and 19th circuits and two QAS on how to update or clean up existing inaccurate relative placement types. In doing so, circuit staff are also learning how to enter placements accurately. In September, three more QAS are being trained along with the 23rd circuit to clean up existing relative placement types. QAS are being trained to assist circuit staff in maintaining the integrity of the kinship data.
- (P1.6.2) *Improve diligent search for relatives/missing parents.* There are no benchmarks due during Quarter 2 for this action step.
- (P1.6.3) **Expand use of family support team meetings to promote stability in alternative care placements.** There are no benchmarks due during Quarter 2 for this action step.
- (P1.6.4) *Identify resource family types and shortages.* Regional Action plan received from all regions. Plans include recruitment/retention of homes for older youth, sibling groups and African American males. In addition, traditional foster parents who have expressed a desire to accept placement of older youth are being encouraged to become transitional living advocate (TLA) homes. These type homes serve as

advocates for older youth, assisting them in the preparation and transition to living independently.

- (P1.6.5) *Increase number of resource families.* This is one of the three items under discussion for renegotiation for Quarter 1. Attached are award letters to contractors receiving PBC contract.
- (P1.6.6) *Increase placement stability by improving matching capabilities for children in out-of-home setting.* There are no benchmarks due during Quarter 2 for this action step.
- (P1.6.7) *Evaluate support and training provided for relative/kinship resource families.* There are no benchmarks due during Quarter 2 for this action step.

Item 7: Permanency goal for child

- (P1.7.1) *Ensure the frequency and timeliness of FST Meetings occurs per policy.* Regional action plans received from all regions outlining improvement plans or providing data on their performance.
- (P1.7.2) *Improve quality of FSTs to ensure permanency goal is reviewed and established.* Expert facilitators have been identified for all regions. Each region has developed a protocol for accessing their experts and training for these experts has either taken place or will be completed by September 2005. Once all the trainings have been completed, a memo will be distributed from each region. See attached.
- (P1.7.3) *Strengthen policy and practice relating to concurrent planning.* Improvement plans received from all regions. See attached.
- (P1.7.4) Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations. During the last state fiscal year, the Office of State Courts Administrator (OSCA) and CD continued to collaborate on providing cross training to staff. Formal training on the provisions of HB 1453 was initiated in August 2004, with legislative updates presented to judges and court staff. In September 2004, the OSCA, the CD, and the Department of Mental Health joined resources to present two half-day sessions on new legislation to a multidisciplinary audience. The sessions were offered via video teleconference at nine sites statewide. More than 500 people attended the program which covered HB 1453, SB 1003 (Child Mental Health Reform Act) and additional legislation relating to juvenile matters. The program was recorded for those unable to attend the training so they can see and hear at a later time what had been presented. The Comprehensive Child Welfare Conferences held at five regional sites beginning in March and ending in May 2005 not only covered issues impacting HB 1453 and SB 1003, but also addressed ASFA and other permanency issues.

Item 8: Reunification, guardianship, or permanent placement with relatives

- (P1.8.1) *Address permanency and service needs of children in Legal Status 2, 3, and 4.* Due to vacations, scheduling conflicts and other legal responsibilities having priority, it has been difficult getting the meeting scheduled to meet with DLS regarding the service needs of children in LS 2, 3, and 4. A meeting was scheduled for July 20th, but DLS was unable to attend and the meeting rescheduled to August 17th. Jackson County staff was invited to participate in the meeting due to their large population of LS 3 children. The results of the LS 2, 3 & 4 reviews in Jackson County and the rest of the state were forwarded to DLS for review prior to the meeting. DLS would like to further research on federal regulations and to clarify the definitions in state policy before providing CD with better clarification of our responsibilities. A draft copy of a memo on worker duties related to these children is attached. The policy and protocol will be updated once clarification is received from DLS. A meeting was held with OSCA on August 9 2005 to discuss this and other PIP items. At this time, executive staff did not believe it was necessary to revise AFCARS data for LS 2, 3, and 4 children.
- (P1.8.2) **Establish procedures to access various funding streams.** Refer to S2.3.4
- (P1.8.3) Ensure frequency and timeliness of FST Meetings occurs per policy. Refer to P1.7.1.
- (P1.8.4) *Improve quality of FST to assure the review of permanency goal.* Refer to P1.7.2.
- (P1.8.5) Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings consistent with state and federal regulations. Refer to P1.7.4
- (P1.8.6) *Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities.* The Comprehensive Child Welfare Conferences held at five regional sites beginning in March and ending in May 2005 not only covered issues impacting HB 1453 and SB 1003, but also addressed ASFA and other permanency issues. See attached conference agenda.
- (P1.8.7) Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. All benchmarks in this action step were met during Quarter 1.
- (P1.8.8) **Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.** Benchmark "a" is not due in this quarter. Refer to P1.6.1 for benchmarks b-f.

Item 9: Adoption

- (P1.9.1) *Termination* of Parental Rights will be filed in a timely manner, except when compelling reasons are documented. Attached are regional action plans received from all regions on initiating local circuit meetings with their courts to address local procedures for filing TPR petitions. A memo has been drafted to address staff responsibilities in documenting compelling reasons. Once the memo has been distributed to staff, the Professional Development and Training Unit will incorporate this policy into training.
- (P1.9.2) *Increase number of resource families.* Refer to P1.6.5.
- (P1.9.3) *Increase capacity to conduct home studies and finalize adoptions.* This is one of the three items under discussion for renegotiation for Quarter 1. Attached are award letters to contractors receiving PBC contract. Regional action plans from all regions are attached to address committing additional staff as needed.
- (P1.9.4) *Improve access to legal representation for CD staff.* This is one of the three items under discussion for renegotiation for Quarter 1. A joint DLS/CD memo has been draft to address how staff can access legal representation as needed. Attached to the memo is a copy of the Case Referral Form and attorney contact list.

Item 10: Other planned living arrangement

- (P1.10.1) *Increase number and quality of resource families for older youth.* See attached meeting minutes from the June 2005, ILP Specialists meeting, which addressed foster home recruitment activities for older youth.
- (P1.10.2) *Increase awareness of Chafee program services to staff and community members.* The annual Youth Empowerment Conference was held on July 25-27, 2005 to provide information about Chafee services and promote youth/adult interactions and relationships. See attached agenda. A draft memo is attached advising staff to involve ILP staff in permanency planning for older youth. The ETV poster was provided to ILP staff and SYAB youth for distribution in their respective regions to high schools, colleges and local youth handouts, such as Boys and Girls clubs and YMCA, etc.
- (P1.10.3) *Increase program accessibility to prove life skills training services for older youth.* Quarterly meetings continue to be held with SYAB youth to illicit input and consult with them on needs of older youth. The minutes from the June 2005 meeting is attached. A draft memo is also attached advising staff to involve ILP staff in permanency planning for older youth.

Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.

Item 11: *Proximity of foster care placement.* This item was found to be substantially achieved.

Item 12: Placement of Siblings

- (P2.12.1) *Increase the number of siblings placed together.* Circuit Managers in each region continue to monitor quarterly PRR results. Attached are plans from regions requiring improvement.
- (P2.12.2) **Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.** There are no benchmarks due for Quarter 2 in this action step or refers to P1.7.4.
- (P2.12.3) *Increase* capacity for resource families that accept sibling groups. Refer to P1.6.5.
- Item 13: Visiting with Parents and Siblings in foster care.
- (P2.13.1) *Increase frequency and quality of parent/child and sibling visits.* There are no benchmarks due for Quarter 2 in this action step.

Item 14: Preserving connections.

- (P2.14.1) *Increase emphasis on preserving familial and community connections for children in out of home care.* The Children's Division recognizes the importance of preserving familial and community connections for children in care. Efforts continue in this area within St. Louis City Family-to-Family pilot, funded through the Casey Foundation. Part of the Casey Foundation business requirements for this pilot is an evaluation of the outcomes for children. To date, the Casey Foundation has not evaluated the pilot in terms of statewide implementation. On June 3, 2005, during the Family-to-Family Summit in Denver, Colorado, the Children's Division Director, Fred Simmens met with Lisa Paine-Wells, from the Casey Foundation, and formally requested an evaluation on expanding the Family-to-Family project statewide to be conducted. Casey Foundation is committed to conducting such an evaluation, but a date has yet to be scheduled.
- (P2.14.2) *Improve diligent search for relatives/missing parents.* Refer to P1.6.2.
- (P2.14.3) **Revise ICWA policy.** ICWA questions were incorporated in the CPS-1 and CD-14 tools in April 2005. Copies are attached.

Item 15: Relative Placement

(P2.15.1) – Increase system capacity to accurately track placement kinship vender type. Refer to P1.6.1.

- (P2.15.2) *Improve diligent search for relatives/kinship resource families.* Refer to P1.6.2.
- (P2.15.3) Evaluate support and training provided for relative/kinship resource families. Refer to P1.6.7.
- Item 16: Relationship of child in care with parents
- (P2.16.1) *Improve diligent search for non-custodial parent.* Refer to P1.6.2.
- (P2.16.2) Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.

Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs

- Item 17: Needs and services of child, parents, foster parents
- (WB1.17.1) Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to S2.3.1.
- (WB1.17.2) Strengthen worker's skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.
- (WB1.17.3) Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to S1.2.2.
- Item 18: Child and family involvement in care planning
- (WB1.18.1) Maximize parental/family participation in Family Support Team Meeting. Refer to S2.3.2
- (WB1.18.2) *Improve the quality of Family Support Team Meeting.* Refer to P1.7.2.
- (WB1.18.3) Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc. No benchmarks due for this action step in Quarter 2.
- Item 19: Worker visits with Child Improve quantity and quality

- (WB1.19.1) **Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.** A Visitation Workgroup has been developed not only to address parent/child/worker visitation issues but also charged with developing policy regarding assessment of safety at and throughout placement. Attached is an explanation on the progress of the workgroup.
- (WB1.19.2) *Increase policy compliance for frequency of worker visits for intact and out-of-home cases.* No benchmarks are due for this action step for Quarter 2.
- (WB1.19.3) *Tracking system to track worker visits (date/site)* No benchmarks are due for this action step for Quarter 2.

Item 20: Worker visit with parent(s)

(WB1.20.1) – **Strengthen worker relationships with biological or adoptive parents.** The PRR to reflect collateral contacts required was revised in May. Copy attached.

(WB1.20.2) – Refer to WB1.19.1, WB1.19.2 and WB1.19.3

Well Being Outcome 2 – Children receive services to meet their educational needs

Item 21: Children receive appropriate services to meet their educational needs

(WB2.21.1) – *Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.* Meliny Staysa, Program Development Specialist located in Central Office has been designated the educational liaison at the state level. Attached are plans from regions requiring improvement.

(WB2.21.2) – *Improve the flow of educational records and reports when children transfer schools.* Regional action plans received from all regions regarding permission of custodian to access records needed for enrollment.

In April 2005 there was a discussion on how to address this benchmark. Amendment language was drafted on timely transfer of school records into residential contracts. Unfortunately this draft language did not make it into the contract amendment prior to the RFPs being mailed to treatment contractors at the end of June. Contract Management (CM) recognizes the importance of meeting benchmarks. Once they receive the signed contracts back from providers and the contracts are awarded, CM plans to amend the contracts again to not only address this PIP issue, but additional issues have arisen within the residential contract. Getting contracts to and from the residential vendor group is not an easy process, so CM would like to address all issues within one amendment. It is anticipated that all the amendments will be made, RFPs sent and awards made by the beginning of the new calendar year. Attached is a copy

of the e-mail which provides the amendment language on timely transfers of school records within a residential facility.

While the amendment to the RFP is not complete, RSM0 211.032.7 and agency policy and memo updated in August 2004 as part of CD04-79 requires that if a placement results in the child attending a different school, the child's records shall be automatically transferred within two days of notification or upon request of the foster parent, GAL, or the volunteer advocate and when possible, the child shall be allowed to continue attending the school he or she attended prior to being taken into the division's custody. As a placement provider, residential treatment facilities are required to abide by the same requirements.

- (WB2.21.3) *Incorporated accountability measures for transfer of educational records into Residential Facility contracts.* The risk factors for educational neglect and truancy have been incorporated into the CD-14. The CS-1 already requires staff to enter specific educational information and needs of a child. Central office staff has also researched truancy and provided a brief narrative of the findings. See attached.
- (WB2.21.4) **Decrease the incidence of educational neglect, truancy and suspension of children for intact families.** The risk factors for educational neglect and truancy have been incorporated into the CD-14. See attached.

Item 22: Physical health of the child

Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs

- (WB3.22.1) *Increase ability of Children's Division staff and families to access available dental resources.* Dental coordinators have been assigned to each region.
- (WB3.22.2) *Increase capacity of staff to assess medical needs of children in intact families.* The CD-14A has been revised to include medical needs information.

Item 23: Mental health need of the child

- (WB3.23.1) *Increase the ability of Children's Division staff and families to access available mental health resources.* Mental health partnerships have been established in each region. See attached documentation.
- (WB3.23.2) *Increase awareness of staff and foster parents regarding attachment and mental health issues..* It is CD's intent to provide training to staff and foster parents on mental health issues at minimum on an annual basis.
- (WB3.23.3) Increase capacity of staff to assess mental health needs of children in intact families. The CD-14A has been revised to include mental health needs information.

Systemic Factors

- Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care. This item was found to be substantially achieved.
- Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions
- (25.1) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Refer to \$2.3.1
- (25.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2
- (25.3) Improve supervisory capacity to monitor practice linking the assessment with the overall plan. Refer to \$2.3.3
- (25.4) *Maximize parental/family involvement in Family Support Team Meetings.* Refer to P1.6.2
- (25.5) *Improve staff facilitation skills for Family Support Team Meetings.* There are no benchmarks due for this action step in Quarter 2.

Item 26: Process for 6-month case reviews

- (26.1) **Revised current policy to clarify an Administrative Review and requirements.** The benchmark due in this action step was addressed in Quarter 1's resubmission of documentation.
- (26.2) **Recruit 3rd party participants for Administrative Reviews.** Regions are currently working on a recruitment plan for 3rd party reviewers or in various stages of training reviewers. See attached regional action plans.
- (26.3) *Increase ability to track 6 month Administrative Reviews separately from FSTs.* All benchmarks due in this action steps were met in Quarter 1.
- Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter

- (27.1) *Improve access to legal representation for CD.* Refer to (Pl.9.4)
- (27.2) *Implement training to develop testifying skills for CD staff.* A training curriculum on testifying skills was received from NRC on Legal and Judicial Issues. A Court Event Timeline was received from OSCA. CD continues to collaborate with DLS on legal issues including assistance in designing a module on testifying skills for staff.
- (27.3) *Increase the timeliness of 12 month Permanency Hearings.* Refer to 27.2 a-e. CD staff meets with OSCA at a minimum on a quarterly basis as a member of the Juvenile Court Improvement Project Steering Committee. Additional meetings have been held to discuss multidisciplinary training needs and other collaborative efforts as needed. An annual report from OSCA is available summarizing activities during the past state fiscal year. Regional plans and protocols on improving timely court hearings are attached, as well as, a draft memo.
- (27.4) Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations. Refer to P1.7.4
- Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA
- (28.1) Improve access to legal representation for CD. Refer to P1.9.4
- (28.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to \$2.3.2
- (28.3) Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented. Refer to P1.9.1
- (28.4) *Improve diligent search for relatives/ parents.* Refer to P1.6.2
- (28.5) Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required. There are no benchmarks due for this action step for Quarter 2.
- Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing to held with respect to the child.

(29.1) – *Increase ability of foster parents to be notified of and heard in court.* All consumer surveys must be revised in 2005 to meet accreditation standards. Part of the revision included adding questions to the foster parent, youth, and biological parent surveys about invitation to and opportunity to be heard in court (see draft revisions attached). Consumer survey results are reported out at beginning of each calendar year and various system changes must be made to accommodate and collect new survey questions. Because of these two issues, system changes are not scheduled to occur until January 2006.

During the Comprehensive Child Welfare Training in spring 2005, increasing the ability of foster parents to be notified and heard in court was addressed with the conference participants. A copy of the conference agenda was previously provided in P1.8.6c.

- Item 30: Standards to assure quality services and ensure children's safety and health This item was found to be substantially achieved.
- Item 31: Identifiable QA system that evaluates the quality of services and improvements This item was found to be substantially achieved.
- Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge This item was found to be substantially achieved.
- Item 33: Ongoing training for staff
- (33.1) **Develop supervisory training for front line supervisors.** An agenda for the CD Supervisory training curriculum is attached for benchmark g.
- (33.2) **Develop advanced in-service training module for investigations and assessment.** Professional Development and Training evaluated and revised the training for CA/N response. See attached outline.
- (33.3) **Develop advanced in-service training module for Family-Centered Services.** There are no benchmarks due for this action step for Quarter 2.
- (33.4) **Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.** There are no benchmarks due for this action step for Quarter 2.
- (33.5) *Enhanced On-The-Job (OJT) Training.* Outlines of OJT training session I-VI are attached.
- (33.6) *Create training advisory committee to annually assess needs and evaluate training.* The advisory committee was scheduled to be created in March-April. A training advisory committee was created in March-April and all members have agreed to serve in this capacity. We have some great representation from our agency, including universities, juvenile court, and other community partners. However, we have not had our first advisory committee meeting to begin working on a mission statement,

etc. Originally, the training advisory committee was not scheduled in the PIP until later this year. It was purposely structured in such a way that we had a road map for training for the next 2- 3 years based on circuit self-assessment training needs, focus group feedback, the SOE, peer record reviews and, etc. However, through the various planning stages for the PIP, the advisory committee benchmarks were assigned earlier dates of completion. We are possibly premature with the benchmark dates. We believe the advisory committee would be better utilized once we had more of the new classroom and OJT training developed and implemented. Once this is underway, we can begin to get feedback from the field on what was working or not working. We believe if we assemble the advisory committee at this time, it would not be the best use of resources. We anticipate bringing the advisory committee together in the fall. By that time, we will have a clearer picture of our enhanced training structure for front line and supervisory staff. We can then utilize the professionals on the advisory committee to review and provide recommendations regarding the Children's Division Professional Development and Training program.

- (33.7) **Develop child Abuse and Neglect Training (CA/N) Institute for CD staff**. All benchmarks in this action step were met in Quarter 1.
- (33.8) **Provide training based on circuit specific needs.** All benchmarks in this action step were met in Quarter 1.
- Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge. This item was found to be substantially achieved.

Item 35: Services array

- (35.1) *Increase access and availability to dental services.* Refer to WB3.22.1.
- (35.2) Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA). There are no benchmarks due for this action step in Quarter 2.
- (35.3) Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children. Refer to P1.6.5.
- (35.4) *Increase availability of and access to parenting classes and family/parent aide services.* There are no benchmarks due for this action step in Quarter 2.
- (35.5) *Increase services to meet the needs of non-English speaking consumers.* Regional recruitment plans for developing multi/bilingual staff in circuits with identified needs attached.
- (35.6) *Increase availability of transportation services.* Regional action plan addressing transportation needs are attached.

- Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP. See Item 35 1-6
- Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency
- (37.1) *Increase access to existing services.* See item 35 1-6.
- (37.2) Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to \$2.3.2.
- Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP. This item was found to be substantially achieved.
- **Item 39:** Develops annual progress reports in consultation with stakeholders. This item was found to be substantially achieved.
- **Item 40** Coordinates services with other federal programs. This item was found to be substantially achieved.
- **Item 41:** Standards for foster family and child care institutions. This item was found to be substantially achieved.
- Item 42: Standards are applied equally to all foster family and child care institutions. This item was found to be substantially achieved.
- **Item 43:** Conducts necessary criminal background checks. This item was found to be substantially achieved.
- Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity
- (44.1) Increase the number of resource families. Refer to P1.6.5.
- **Item 45:** Uses cross jurisdictional resources to find placements. This item was found to be substantially achieved.

MISSOURI PROGRAM IMPROVEMENT PLAN QUARTER 3 PROGRESS REPORT AUGUST – OCTOBER 2005

CHILDREN'S DIVISION

SUBMISSION DATE: NOVEMBER 29, 2005

Quarter 3 Accomplishments

The following is summary of activities completed during Quarter 3 (August – October 2005) of the Program Improvement Plan.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

- Item 1: Timeliness of initiating investigations of reports of child maltreatment
- (S1.1.1) Clarify policy regarding timeliness of initiating reports of child maltreatment. All benchmarks in this action step were met during Quarter 1.
- (\$1.1.2) Increase accuracy of data regarding initial contact.
- a. Data system entry guidelines clarified for "initial contact". In August, data system entry guidelines were clarified and fields added in the SACWIS system regarding initial contact. They include the following:
 - 1. Investigation/Family Assessment was initiated by the worker (Mandatory Field)
 - a. System Requirement System should capture Date/Time when Investigation/Family Assessment was initiated by the worker
 - b. Course of Action New System design for FACES (Family and Children Electronic System) will allow users to capture when (Date/Time) contact has been made with key participants in the process which constitutes initiation of an Investigation/Assessment by the worker. The first occurrence of contact with a key participant will be displayed in a field marked accordingly. For example, in most instances, contact with the reporter occurs first, therefore, we would capture what date/time this contact occurred and that would accurately reflect when the Investigation/Assessment was initiated. In the situation where a reporter contact record could not be located, the system would look for contact with another key participant as defined by policy and capture what date/time it occurred.
 - 2. Face to face contact with the victim was first made by the worker (Mandatory Field)
 - **a. System Requirement** System should capture Date/Time when face to face contact was initially made with victim by a Children's Division (CD) worker.
 - b. Course of Action New System design for FACES (Family and Children Electronic System) contains a field to capture Initial Contact Date, a field to capture Initial Contact Time and a field to capture Initial Contact Made By (CD staff member or Multidisciplinary Team) Note: If Initial Contact Made By = Multidisciplinary Team, another row with the Initial Contact Date and Time and Initial Contact Made By will display to allow users to capture the Initial Contact Date and Time made by CD, therefore, allowing the user to capture Initial Contact Date and Time and by whom for both, Multidisciplinary Team

and CD.

- 3. Face to face contact was first made by multi-disciplinary team member to assure initial safety of victim (Optional Entry)
 - a. System Requirement System should capture Date/Time when face to face contact was initially made with victim to assure safety by a member of a multidisciplinary team
 - b. Course of Action New System design for FACES (Family and Children Electronic System) contains a field to capture Initial Contact Date, a field to capture Initial Contact Time and a field to capture Initial Contact Made By (CD staff member or Multidisciplinary Team) Note: If Initial Contact Made By = Multidisciplinary Team, another row with the Initial Contact Date and Time and Initial Contact Made By will display to allow users to capture the Initial Contact Date and Time made by CD, therefore, allowing the user to capture Initial Contact Date and Time and by whom for both, Multidisciplinary Team and CD.
- c. Revised Peer Record Review questions to assess accuracy of coding. To assess accuracy of coding, the PRR Protocol Rating Instructions were revised to address initial response time frames to include contact made by multi-disciplinary team members.
- d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvement. Circuits in each region reported that PRR results are being monitored, reviewed and discussed on a monthly or quarterly basis. For those circuits performing above the goal, they will continue with current practices. Those performing below the goal offered several strategies on improvement including:
 - Corrective measures taken to ensure staff are entering data accurately regarding initial contact.
 - Utilizing a CA/N log or protocol to document initial contact.
 - Monitoring through case readings.
 - PRR results reviewed during circuit CQI meeting.
 - Provide SDM training to staff.
 - Addition of a CA/N supervisor.
 - Technical assistance from the QA or Children's Services Specialists on a quarterly basis.
 - Investigators being required to complete the delayed contact form when contact not made timely.
 - Weekly staffing with workers is held to review cases out of compliance.
 - New staffing allocation and a temporary after hour rotation schedule of all workers.
 - Address with staff recent policy changes to utilize multi-disciplinary team members
 - Utilizing alternative care staff to make the initial contact to ensure safety of child when no investigators are available.

- (S1.1.3) Study feasibility for alternative protocols for managing non CA/N referral. Per the teleconference held on November 9, 2005, regarding the renegotiation of this action step, all benchmarks were accepted as complete.
- (S1.1.4) **Develop improvement plan to respond timely to reports of maltreatment.** All benchmarks in this action step have been completed.
- (S1.1.5) Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.
- d. CANHU Supervisory Review Tool developed to assess quality. The CANHU Supervisory Review Tool has been developed to complement the CANHU Protocol automation. At a later date, this tool will be added to the Protocol automation to enable CANHU supervisors to document their review of calls within the automated system. The automation of this tool will provide reports that will identify areas needing improvement by worker, shift, or the unit as a whole. These reports will enhance CANHU's training program and quality assurance process.
- e. CANHU Hotline protocols automated. Memorandum CD05-40 documents the Hotline Protocols that were automated in June 2005. http://dss.missouri.gov/cd/info/memos/2005/40/cd0540.pdf
- f. Added CANHU section to the Peer Record Review tool. The attached CANHU PRR Tool has been developed as a Worker-to-Worker Peer Review tool. The tool was automated in Lotus Notes and a pilot test was completed in October 2005. The test results are currently being reviewed. This tool will be incorporated into the SACWIS automation after any recommended revisions are made. This tool was developed as an addition to the agency's PRR process.
- (S1.1.6) Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources. This is a new proposed action step. There are no benchmarks due during this quarter.

Item 2: Repeat maltreatment

- (S1.2.1) Ensure consistent and accurate completion of SDM safety and risk assessment.
- d. Evaluated SDM Peer Record Review Outcome. Each region are evaluating and ensuring consistent and accurate completion of SDM safety and risk assessment on a regular basis. Below are some of their strategies.
 - Monitoring through case readings and PRRs.
 - Supervisory review during monthly case reviews.
 - Circuit Manager (CM) reviewing a random sample of cases.

- All CA/N reports reviewed by supervisor or CM before entry into system.
- PRR results are reviewed after each review to identify trends.
- CMs monitor results on a monthly basis to identify training needs and SDM refresher training provided.
- Refresher trainings provided to supervisor.

h. As needed, provided training to circuits identified with imminent need. Circuits are reporting variable training needs for SDM ranging from no training needed at this time to training of new staff or providing refresher sessions for existing staff. Specific training needs include:

- Chief Investigator (CI) completing reports within the 30 day time frame.
- Writing a more complete narrative (more strengths or needs based).
- CI signing the risk assessment or signing on timely basis.

(S1.2.2) & (S1.2.3) – Implementation of Confirming Safe Environments (CSE) process & Strengthen policy regarding assessment of safety at and throughout placement.

A decision was made by Central Office administration to discontinue the use of the CSE curriculum by Action for Child Protection. However, the division recognizes the importance of safety of children in placement. The Visitation Workgroup, formed in May 2005 consisting of Central Office and field staff, is charged with addressing safety of children during visitation and in placement. In addition, the workgroup is responsible for reviewing current visitation policy and practice. The group was asked to recommend a comprehensive overall visitation policy that addresses safety, quality, purpose, and frequency. In addressing the overall visitation policy, this group has reviewed and identified the strengths in the CSE curriculum, will develop policy and draft a protocol to include quality, case planning, service delivery and goal attainment.

This workgroup has drafted a Visit with Placement Provider form to assess safety in the placement. This tool is to be completed monthly by the case manger. Utilizing the Peer Review Tool to assess compliance with licensing standards, having the number of children in the home that a family is licensed and completing reassessments and visits by the licensing worker will also monitor safety in out of home placements. We had originally expected policy to be disseminated to staff in January 2006, but have recently consulted with the NRCCPS on developing a safety-across-the-board approach to our child welfare continuum, including visitation in out-of-home care. This consultation could result in a short delay in policy, but we are anticipating a February 2006 date.

We would like to renegotiate timeframes in action step \$1.2.3 to reflect updated policy development and distribution completion dates. The revised dates are indicated in the PIP matrix as "R".

(S1.2.4) – Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.

- e. Program improvement plans implemented by Circuit Managers and staff. Improvement plans were developed by circuits whose performance fell below the stated goal in repeat maltreatment and CA/N in foster care. A summary of the improvement plans implemented throughout the state include:
 - Referring multiple reports of harassment to the prosecutors.
 - More thorough assessment of M-reports to prevent subsequent reports.
 - Family resource worker meeting with foster parents on a quarterly basis and case managers to meet twice a month to address any issues.
 - Resource worker to provide mini-training session on a regular basis to foster parent support groups to address various aspects of maltreatment.
 - CD-14 training to utilize strengths and identify needs of families to prevent reoccurrence.
 - Case managers will address any blatant issues immediately with foster parents during home visits to prevent the situation from escalating.
 - Emphasis in STARS training the hotline process and provide examples of situation that are encountered which result in CA/N reports on foster parents
 - Circuit Manager obtains list of specific cases with repeat maltreatment and conduct case reviews to determine similarity among the cases. Based on findings of case reviews, develop an action plan.
 - Developing Family Development plans with each foster family.
 - Increase the pool of behavioral foster parents.
 - Arrange monthly or quarterly support group/training meetings for foster parents.

(\$1.2.5) – Strength policy and practice relating to chronic neglect and accumulation of harm.

<u>CD</u> is requesting to renegotiate the benchmarks in this action step. Please refer to the matrix for the revisions.

A copy of the Title IV-E waiver application for Chronic Neglect was submitted to ACF Central Office in May 2005. ACF Central Office requested several revisions to the application in June. Due to the uncertainty of whether CD would move forward with the waiver, no additional changes were made to the application. CD will notify ACF Central Office to withdraw the application.

The screening tool, derived from Institute of Applied Research (IAR) findings in the "Missouri's Alternative Response System Effectiveness", is designed to identify "potentially chronic families" at the time a call is made at the Child Abuse/Neglect Hotline. Due to several higher priority system enhancements ahead of this project, automation of this tool has been put on hold. The screening will be done manually.

Although the Division maintained that IAR findings regarding chronic neglect families were significant and that early identification and intervention strategies for this segment

of the population had great merit, former CD Director, Frederic Simmens, was not convinced of the program's cost neutrality or the Division's ability to enter into a formal commitment to the waiver at that time. In October of 2005, the Division Director declined to re-submit the IV-E Waiver application, however gave the go ahead to pursue the pilot demonstration.

A conference call held on October 21, 2005, with Jasper, McDonald and Newton County, discussed strategies to implement the demonstration in the piloted sites. It was decided that Jasper, McDonald and Newton Counties would assess local caseload levels that would meet the pilot criteria, determine local resources availability and meet with key community partners to explore community involvement.

A teleconference on December 5th has been scheduled with Jasper, McDonald and Newton Counties to solidify specific intervention strategies to be used with families identified as chronic and identify additional training that would be needed. Screening and identification will be mirrored in Jefferson County, without the additional training or intervention strategies.

We request renegotiation of remaining benchmarks, revised in matrix.

(S1.2.6) - Develop performance-based contract for foster parents.

b. Identified the performance based criteria required for the PFDP.
c. Informed foster parents of PFDP criteria at assessment and reassessment.
The performance based criteria was developed with input from field staff and shared with regional director in October. While it is not an exhaustive list, it is meant to be used as a guide for staff to address with foster parents at licensure and re-licensure.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

- Item 3: Services to family to protect child(ren) in home and prevent removal
- (\$2.3.1) Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.
- e. Recommendations regarding changes made. Three additional CD-14 training sessions have been added through January 2006. Input provided by during the training is valuable to improving the assessment process. Recommendations are incorporated into the CD-14 when appropriate.
- f. Policy issued with new documents and instructions. Due to the additional CD-14 training sessions being added, the CD-14 packet and policy revisions is now scheduled for disseminate to staff at the end of January 2006. Updated date reflected in matrix.

- (\$2.3.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement.
- e. Training provided for existing staff and feedback solicited from trainees on training. One hundred eighty-three supervisors attended ten supplemental supervisor training sessions. Overwhelming feedback was positive. The supervisors believed the goals of the training were accomplished, there were good organization and coverage of the subject matter, and it met their career development plans.
- (S2.3.3) Improve supervisory capacity to monitor enhanced practice relating to case planning.
- b. Created draft standardized supervisory case review tool.
- c. Supervisory case review tool field tested by selected supervisors. September 2005, the SCRT was tested by the select group of supervisors. Based on their recommendations it was revised again in October. On November 3rd recommendations from the University of Missouri-Columbia and NRC-CPS were incorporated and re-sent to the select supervisors for review.
- (\$2.3.4) Establish procedures to access various service funding streams.
- a. Developed service access funding grid and guidelines.
- b. Distributed service access funding grid and guidelines to all staff. A grid has been developed and currently undergoing revisions due to the changes related to SB 539 regarding the sweeping Medicaid reform. Once the revisions are made, the two sections of the Division of Medical Services (Managed Care and Fee for Service) will review and approve the changes. We anticipate dissemination of the grid to staff by the end of January 2006.
- (S2.3.5) Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families. All benchmarks in this action step have been completed.
- Item 4: Risk of harm to child
- (S2.4.1) Ensure consistent and accurate completion of SDM safety and assessment. Refer to S1.2.1.
- (S2.4.2) *Implementation of CSE process.* Refer to S1.2.2.
- (S2.4.3) *Implement enhance background screening for foster/adopt and court ordered providers.* During this quarter there no policy updates on enhancing background screening for foster/kinship and court ordered providers.

- (S2.4.4) **Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.** All benchmarks in this action step were accomplished during Quarter 1. Quarterly monitoring of Preponderance of Evidence reports indicates that three were received by residential treatment facilities during this quarter. In a review by the State Supervisor, Fred Proebsting, he reported that instead of one (1) POE report in the first Quarter (1-1-05 to 3-31-05) there were four (4) POE reports. There was actually a drop in number [respectively three (3) in the second and third quarters].
- (\$2.4.5) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns. Refer to \$2.3.1.

Permanency Outcome 1: Children have permanency and stability in their living situations.

- Item 5: Foster care re-entries. This item was found to be substantially achieved.
- Item 6: Stability of foster care placement
- (P1.6.1) Increase system capacity to accurately track placement kinship vendor types.
- c. Policy updated and distributed to CD staff. CD Memorandum CD05-57 documents the new ACTS and Vendor codes. It was disseminated to staff in September 2005. http://dssweb/cs/memos/2005/57/cd0557.pdf
- (P1.6.2) *Improve diligent search for relatives/missing parents.* All benchmarks in this action step have been completed.
- (P1.6.3) Expand use of family support team meetings to promote stability in alternative care placements. All benchmarks in this action step have been completed.
- (P1.6.4) *Identify resource family types and shortages.* All benchmarks in this action step have been completed.
- (P1.6.5) *Increase number of resource families.*
- e. PBC Case Management Services began. In September 2005, over 1,900 children in out of home care were assigned to contractors to be served under the PBC contract.
- (P1.6.6) Increase placement stability by improving matching capabilities for children in out-of-home setting. There are no benchmarks due during Quarter 3 for this action step.

(P1.6.7) – Evaluate support and training provided for relative/kinship resource families. There are no benchmarks due during Quarter 3 for this action step.

Item 7: Permanency goal for child

- (P1.7.1) Ensure the frequency and timeliness of FST Meetings occurs per policy. Regional action plans received from all regions outlining improvement plans or providing data on their performance.
- a. Circuit Managers assisted by PET monitored frequency data. Each region provided information regarding how they are monitoring frequency and timeliness of Family Support Team (FST) meetings. A summary of their information include:
 - Meeting this benchmark timely.
 - Meeting this benchmark timely, but not always updated in the Legacy system timely. Circuit managers or supervisors are requiring workers to update the FST on the same day by developing a listing of the FSTs; training on entering data accurately; e-mailing their supervisor once the FSTs has concluded and updates entered; increased supervisory monitoring of system entries; and using clerical staff to assist in timely entries.
 - In order to ensure FSTs are held on a timely basis, circuits keep a log of upcoming meetings and notifies the workers in advance so meetings can be timely. Designating FST days each month.
 - QA Specialists speaking at supervisor meetings to stress importance of a day monthly to clean up data.

(P1.7.2) – Improve quality of FSTs to ensure permanency goal is reviewed and established.

g. Trained expert facilitators.

- h. Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff. St. Louis County scheduled September 8, 2005 to provide advanced facilitation training for their Social Work Specialists using contractors from an outside agency. The meeting was held, but instead of being a training session, it was more of a consultation with the specialists to help the contractors to determine what St. Louis County's needs were on facilitation. The outcome of the meeting was related to improving quality of FSTs. St. Louis County has been working with another contracted trainer to schedule and provide this training in January 2006. Once the training has been completed, a memo will be written and distributed to staff. Revised dates reflected in the matrix.
- (P1.7.3) **Strengthen policy and practice relating to concurrent planning.** Benchmarks in this action step are not due this quarter or were previously met.
- (P1.7.4) Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.

f. Training implemented by CD/OSCA to include concurrent planning training.

From the onset of the partnership between the Children's Division and Judicial Education, the goal of multi-disciplinary training has been to enhance the ability to have high-quality statewide consistency, understanding, and implementation of laws, policies, and procedures among court and children's division personnel. In the findings of the Comprehensive Child Welfare Conference evaluation report, the Institute of Public Policy suggested the following list of items be considered when developing multi-disciplinary programs in the future:

- Address the strained relationships through circuit training with teams composed of Juvenile Officers, Children's Division employees and judges.
- <u>Institute circuit-level interventions for three to five circuits</u> each year. Team process sessions followed by a few observations by an outside evaluator.
- Plenary <u>session on how team functioning can be improved</u> by developing expectations for a team and defining how the process will occur.
- Participants strongly prefer regional conferences for multi-disciplinary training.
- Participants indicated roundtables and smaller teams with more time allowed for intra-circuit discussions. Breakout rooms would be helpful for conversations.
- Increase the time allowed for cross circuit interactions.

In response to the report, Judicial Education proposes the following multi-disciplinary programming for fiscal year '06.

Teamwork, Collaboration and Communication Pilot Program -This program will begin to address the strained relationships that exist between local court personnel and children's division personnel by piloting a program for six circuits across Missouri that will focus on teamwork, collaboration and communication.

Courtroom Skills – Includes preparation for court, professionalism in the courtroom, testifying in court, and legal terminology. Currently, JDE provides Courtroom Skills training as part of the training standards to all Juvenile Officers. This program would be expanded to include Children's Division personnel.

Concurrent Planning – Eeffective concurrent planning requires that not only an alternative plan be identified but also active efforts be made toward both plans simultaneously with the full knowledge of all case participants.

Item 8: Reunification, guardianship, or permanent placement with relatives

(P1.8.1) – Address permanency and service needs of children in Legal Status 2, 3, and 4.

g. Caseload analysis (comparison to LS1) completed Legal status 2,3, and 4. The analysis of LS 2, 3 & 4 cases has been occurring since the case reviews were done earlier this year. Based on the reviews, the majority of children in LS 3 resided in Jackson County. At the time of the review, as of January 31, 2005, Jackson Ccounty

had 550 children in LS 3. There were 42 children in LS 3 for the rest of the state. As of October 31, 2005, Jackson's numbers decreased to 454 and the rest of the state had a total of 13 children in LS 3.

Ten percent of the LS 3 cases were pulled in Jackson County and 2 rural counties. The reviews of the 2 rural counties resulted in the cases being accurately identified and their legal status corrected. A decision was made to review all the rural county cases. Many cases were identified as having the wrong legal status and they were updated correctly.

The decrease in numbers for Jackson County are attributed to steps they have implemented to address the children in LS 3. They have begun training for relative and kinship providers to complete either STARS or STARS Caregiver Who Knows the Child. Each quarter they receive a listing of children still in LS 3. The goal and length of time in LS 3 are reviewed, as well as, any PPRT/Court overdues. The cases are reviewed by their Program Manager. Jackson County has planned a targeted review for those cases in order to get their numbers down. They also recently transferred 90 LS 3 cases to their contractors. Those cases are expected to achieve permanency within a year.

A policy memorandum will be distributed to staff soon which addresses kinship placements. The memo will instruct staff that court ordered placements with relative or non-relative are no longer a placement option. Those cases which currently fit those categories will need to be updated to meet the new policy. Jackson County anticipates this will only leave 27 LS 3 cases in-house and the 90 with contracts.

- h. Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process. We began sampling Legal Status 2, 3, and 4 cases in October 2005. LS 2, 3, and 4 data will be included in the December 2005 results.
- (P1.8.2) **Establish procedures to access various funding streams.** Refer to S2.3.4
- (P1.8.3) Ensure frequency and timeliness of FST Meetings occurs per policy. Refer to P1.7.1.
- (P1.8.4) *Improve quality of FST to assure the review of permanency goal.* Refer to P1.7.2.
- (P1.8.5) Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings consistent with state and federal regulations. Refer to P1.7.4.
- (P1.8.6) Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities. All benchmarks have been completed for this action step.

- (P1.8.7) Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. All benchmarks have been completed for this action step.
- (P1.8.8) Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.
- a. Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody. Strategies that circuits have implemented are summarized as follow:
 - Working with the courts at initial removal, during the initial 72 hour FST or throughout the case to determine potential guardian placements.
 - Recognizing that guardianships are not occurring and engaging the juvenile office to transfer more cases to Probate court.
 - Developing lists of possible attorneys for families to contact for legal assistance.
 - Communication between the Juvenile and Probate courts are good and guardianships are occurring regularly.
 - Judges releasing juvenile cases as soon as guardianship is granted.

Item 9: Adoption

- (P1.9.1) *Termination* of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.
- c. Develop policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.
- d. Incorporated into BASIC training.
- e. Policy disseminated to staff and supervisory oversight. A draft memo was developed in July. However due to other memos and policy changes taking priority because of legislative mandates, this memo and policy updates will be ready for distribution by the end of December 2005. Once the memo has been disseminated to staff, the Staff Development and Training Unit will incorporate changes into BASIC for new staff. Supervisory oversight or consultation will be provided to existing staff. Revised dates are indicated in the matrix.
- (P1.9.2) *Increase number of resource families.* Refer to P1.6.5.
- (P1.9.3) *Increase capacity to conduct home studies and finalize adoptions.* All benchmarks have been completed for this action step.
- (P1.9.4) Improve access to legal representation for CD staff.
- f. The joint DLS/CD memo on legal representation was distributed to staff in September 2005. Included in the memo is the Case Referral protocol and attorney assignments by region. See attached.

Item 10: Other planned living arrangement

- (P1.10.1) Increase number and quality of resource families for older youth.
- h. Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training. The Ready, Set, Fly curriculum has been part of foster parent in-service training since February 2004. The "What's It All About" video was introduced to staff in September 2004. Staff was provided instruction on how to request copies of the video. The two memos are linked as follow: http://dss.missouri.gov/cd/info/memos/2004/6/cd0406.pdf http://dss.missouri.gov/cd/info/memos/2004/82/cd0482.pdf
- (P1.10.2) Increase awareness of Chafee program services to staff and community members. All benchmarks have been completed for this action step.
- (P1.10.3) Increase program accessibility to prove life skills training services for older youth.
- f. CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services. A draft version of this memo was submitted in Quarter 2. The following link provides the final memo. http://dss.missouri.gov/cd/info/memos/2005/53/cd0553.pdf
 Quarterly meetings continue with the State Youth Advisory Board to address older youth needs.

Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.

- **Item 11:** *Proximity of foster care placement.* This item was found to be substantially achieved.
- Item 12: Placement of Siblings.
- (P2.12.1) Increase the number of siblings placed together.
- c. Circuit Managers monitored quarterly PRR results and improvement plans developed. Circuits continue to make diligent efforts to keep siblings placed together. If not, effort is make to keep siblings in close proximity to one another and visits are readily available. Exceptions would include: A large sibling group, sibling(s) needing residential treatment or placement together is contrary to a siblings safety or well being, i.e. a sibling being the perpetrator.
- (P2.12.3) *Increase* capacity for resource families that accept sibling groups. *Refer to P1.6.5.*
- Item 13: Visiting with Parents and Siblings in foster care.

(P2.13.1) – Increase frequency and quality of parent/child and sibling visits.

The Visitation Workgroup, formed in May 2005 consisting of Central Office and field staff, is charged with addressing safety of children during visitation and in placement. In addition, the workgroup is responsible for reviewing current visitation policy and practice. The group was asked to recommend a comprehensive overall visitation policy that addresses safety, quality, purpose, and frequency.

We would like to renegotiate timeframes in this action step to reflect an updated completion date. The revised dates are indicated in the PIP matrix as "R".

Item 14: Preserving connections.

(P2.14.1) – Increase emphasis on preserving familial and community connections for children in out of home care.

We expect to receive the final administrative data report from George Warren Brown School of Social Work at Washington University after the first of the year. This report will not address the applicability of statewide implementation. St. Louis City CD staff will develop an annual progress report for the Casey Foundation It will address planning for implementation of Family to Family and integration of the Family to Family community child protection work. The Casey Foundation stresses self-evaluation by using data to guide practice and policy. In December, the Interim Director, Paula Neese will schedule a meeting with staff from the Casey Foundation to discuss the possibility of expanding the pilot to another site and to look at what strategies of Family to Family can be replicated for statewide use. We would like to renegotiate this action step in December.

(P2.14.2) – *Improve diligent search for relatives/missing parents.* Refer to P1.6.2.

(P2.14.3) – Revise ICWA policy.

- c. Newly revised intake and assessment disseminated to all CD staff. We anticipate the CD-14 packet memo and policy revisions to be completed and disseminated to staff in December 2005.
- d. Add ICWA question to Peer Record Review tool. In March 2005 an ICWA question 'ff the child is Native American, the ICWA requirements were followed" was added to the PRR.
- e. Establish a baseline for ICWA for Peer Review. In June 2005 we were able to gather the first quarter worth of data therefore establishing a baseline for this measure.

Item 15: Relative Placement.

- (P2.15.1) Increase system capacity to accurately track placement kinship vender type. Refer to P1.6.1.
- (P2.15.2) *Improve diligent search for relatives/kinship resource families.* Refer to P1.6.2.
- (P2.15.3) Evaluate support and training provided for relative/kinship resource families. Refer to P1.6.7.
- Item 16: Relationship of child in care with parents.
- (P2.16.1) Improve diligent search for non-custodial parent. Refer to P1.6.2.
- (P2.16.2) Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.

Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs

- Item 17: Needs and services of child, parents, and foster parents.
- (WB1.17.1) Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to \$2.3.1.
- (WB1.17.2) Strengthen worker's skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.
- (WB1.17.3) Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to S1.2.2.
- Item 18: Child and family involvement in care planning
- (WB1.18.1) Maximize parental/family participation in Family Support Team Meeting. Refer to S2.3.2.
- g. Established a protocol for accessing division staff outside of regular working hours. It is not feasible to develop one protocol for statewide use due to statutory requirements of FST participants and their availability. Therefore circuits are flexible in scheduling FST's on days and times as preferred by the families and team members.

- (WB1.18.2) Improve the quality of Family Support Team Meeting. Refer to P1.7.2.
- (WB1.18.3) Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.
- a. Collected parent handbooks used by various circuits. Handbooks and packets that are distributed by various circuits and other states were collected from May through August 2005.
- b. Convened a work group to evaluate parent handbooks. A workgroup was convened to evaluate the handbooks and develop a universal handbook to be used by CD staff. The workgroup held their first meeting on September 20, 2005 and was given assignments to review their assigned handbooks and develop suggestions on what they would like to have included in the universal handbook. The group met again on October 25, 2005 to begin developing the universal handbook.

Item 19: Worker visits with Child – Improve quantity and quality

- (WB1.19.1) Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.
- c. Team developed policy on visitation and draft protocol regarding quality of visits.
- d. Recommendation reviewed by policy review team and executive staff.
- e. Policy disseminated to staff.
- f. Utilize Practice Enhancement Teams (PET) to support protocols. This workgroup has drafted a Visit with Placement Provider form to assess safety in the placement. This tool is to be completed monthly by the case manger. Utilizing the Peer Review Tool to assess compliance with licensing standards, having the number of children in the home that a family is licensed and completing reassessments and visits by the licensing worker will also monitor safety in out of home placements. We had originally expected policy to be disseminated to staff in January 2006, but have recently consulted with the NRCCPS on developing a safety-across-the-board approach to our child welfare continuum, including visitation in out-of-home care. This consultation could result in a short delay in policy. We are now anticipating a March 2006 date.

WB1.19.2) – Increase policy compliance for frequency of worker visits for intact and out-of-home cases.

- a. Achieved progress in caseload equalization by developing quarterly circuit workload reports. The following are the primary steps taken by circuit staff to address this benchmark.
 - Supervisors developed workload reports to address evenly distributing cases to enable workers to make quality visits per policy.

- Supervisors meet routinely with Circuit Managers to review and discuss caseloads.
- Workers provide current case load listings to supervisor on current activities.
- b. Circuit Managers monitored the frequency of worker visits through the PRR.
 c. Circuit Managers assisted by PET to develop practice improvement plans. PRR results indicate performance is above the goal statewide. For those circuits whose performance falls below the goal, their improvement strategies include:
 - The use of the monthly workload report and development of a monthly checklist to be used during individual case conferences with workers.
 - Piloting the Supervisory Case Review tool to monitor staff compliance on visitation.
 - Supervisory case review of worker monthly stats sheet.
 - Workgroup developed to address visitation providing recommendations including the utilization of community aides to supervised visits and narrative recording.
 - Using a check-off list developed to track visits or contacts made during the month. Cases and check off lists are reviewed during weekly or bi-monthly case load conferences.

(WB1.19.3) – *Tracking system to track worker visits (date/site)* - No benchmarks were due for this action step in Quarter 3.

Item 20: Worker visit with parent(s)

(WB1.20.1) – Strengthen worker relationships with biological or adoptive parents.

a. Protocols established in WB19.1.c included in adoptive parent training. This benchmark is tied to the work of the Visitation Workgroup. Please refer to WB1.19.1c. Once the protocol and policy has been disseminated to staff, Staff Training and Development will review the protocol and the Spaulding curriculum to determine where best to integrate the protocol. We anticipate completed this benchmark by March 2006. Revision date is reflect in the matrix.

(WB1.20.2) – Refer to WB1.19.1, WB1.19.2 and WB1.19.3

Well Being Outcome 2 – Children receive services to meet their educational needs

Item 21: Children receive appropriate services to meet their educational needs

WB2.21.1) – Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.

<u>e. Children's Division Administration partnered with DESE to address identified barriers at State level.</u>

CD has been working on several issues with DESE to better meet the needs of Missouri's children. The first issue focused on arranging for the child to continue attending the same school after being placed in CD custody. The second issue is devoted to referring toddlers to DESE's First Steps program. See below:

1. Children's Division has consulted with the Department of Elementary and Secondary Education (DESE) to establish necessary procedures to implement the following statute:

"Upon request of foster family, the guardian ad litem, or the volunteer advocate and whenever possible, the child shall be permitted to continue to attend the same school that the child was enrolled in and attending at the time the child was taken into custody by the division." (211.032.7(2) RSMo). When possible, with the best interest of the child in mind, during the 24/72 hour Family Support Team (FST), meeting, the team should discuss arranging the child to continue to attend the same school. Distance from original school may be a factor in recommending such arrangements. Based on location of the foster family, the school district may be able to provide transportation. DESE provided some options for the team to consider, including:

- 1. The school bus of the foster child's home district travels to the home of the foster parent to pick up the child. These miles would be considered eligible miles for the school district to include in their allowable cost for state aid;
- 2. The foster parent provides transportation and receives reimbursement for mileage from the school district. School districts can include this as an allowable cost for state aid:
- 3. The foster parent meets the school bus at the boundary line of the school district. Please note that school districts may or may not provide mileage reimbursement;
- 4. The school district contracts with an individual, besides the foster parent, to transport the child to their home school district. This would be an allowable cost for state aid for school districts; or
- 5. The foster parent provides transportation with no reimbursement for mileage from the school district.

When it is determined to be in the child's best interest, the Foster Parent should enroll the child in their new school. It is the responsibility of the new school to request the transfer of records from the old school, pursuant to Section 167.022, RSMo., within two business days.

Secondly, we recognize that a large proportion of abused/neglected children under age three have health and developmental problems, and that early identification of these children through enhanced interdisciplinary collaborative efforts between the Children's Division and the First Steps Program will facilitate early intervention for children who qualify.

A new policy is due to be implemented in December 2005 that explains procedural responsibilities for local county staff regarding the referral process; provides instruction for use of the First Steps Cover Letter (Form CS-21c); links the worker to the Missouri

First Steps Early Intervention System website and referral form (reference website - http://www.dese.mo.gov/divspeced/FirstSteps/SPOEmap_regions_contact.html); and reminds staff of HIPAA disclosure tracking requirements.

(WB2.21.2) – Improve the flow of educational records and reports when children transfer schools.

b. Incorporated accountability measure for transfer of educational records into Residential facility contracts. The Contract Management Unit of the Family Support Division anticipates sending out contract amendments to residential treatment and transitional living providers in January 2006. A revised date is reflected in the matrix.

(WB2.21.3) – Decrease the incidence of educational neglect, truancy and suspension of children in care.

- c. Distribute Youth Training Video for teacher in-service training. There are 528 school districts in Missouri. CD ran out of the videos and reordered. CD had been working with DESE to reproduce and distribute the video. On November 10, a letter was signed by the Interim Director to introduce and distribute the video to all school district and county offices. Each district received a copy of the "What's It All About Video", which they may reproduce.
- d. Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.
- e. Protocol developed for children expelled due to the Safe School Act. A policy memorandum has been drafted to address education support and intervention for students at risk of academic failure from the conducted research. Changes to the education section of the Child Assessment and Service Plan (CS-1) form and instruction have also been made. The draft policy and cover letter are currently undergoing administrative approval.

(WB2.21.4) – Decrease the incidence of educational neglect, truancy and suspension of children for intact families.

- c. Distribute Youth Training Video for teacher in-service training. There are 528 school districts in Missouri. Each district will receive a copy of the "What's It All About Video", which they may reproduce. However CD ran out of the videos and had to reorder. CD had been working with DESE to reproduce and distribute the video. On November 10, a letter was signed by the Interim Director to introduce and distribute the video to all school district and county offices.
- d. Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.
- e. Protocol developed for children expelled due to the Safe School Act. A policy memorandum has been drafted to address education support and intervention for

students at risk of academic failure. It will be ready to be disseminated to staff in January 2006.

Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs

Item 22: Physical health of the child

(WB3.22.1) – Increase ability of Children's Division staff and families to access available dental resources.

c. Notified dental providers of regional dental coordinators. All regions reported letters were sent to providers.

d. In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.

MISSOURI MEDICAID PLAN FOR IMPROVING ACCESS TO ORAL HEALTH

- Dental fees have been increased for the past four fiscal years effective in July of each of these years: 1998, 1999, 2000, and 2002. The division's goal is to continue increasing rates up to an average of 75% of usual and customary reimbursement, subject to budget appropriations.
- Missouri Medicaid accepts both paper and electronic claims from dentists. Dental claims may be filed via the Internet. Missouri accepts the ADA 2000 claim form.
- Claims processing has been streamlined to reduce administrative burden for dentists. System edits have been redesigned to process claims more rapidly. On average, dental claims are processed in less than 3 days, with payments issued to providers twice monthly.
- The prior authorization requirement has been discontinued for many procedures, and providers no longer are required to submit records when billing for procedures such as replacement dentures.
- Provider communication specialists and education representatives are available to assist dentists with claims filing questions. Claim filing seminars are conducted periodically throughout the state for outreach to new providers, to provide training to billers and to update providers about policy changes.
- Recipient eligibility may be verified in a number of ways: Via the Internet, by telephone via an interactive voice response system, and through a point of service terminal and a single line phone jack.
- Provider manuals are on the division's website at www.dss.mo.gov/dms.
- Notices were mailed to all Missouri licensed dentists announcing rate increases and program improvements and inviting dentists to enroll. Division staff conducted telephone recruitment campaigns in an effort to recruit new providers.

- The Missouri Dental Association has periodically published articles about program improvements in their newsletters to members encouraging them to accept Medicaid.
- Upon enrollment, dentists may request that their name not be published on the provider listing so that they may have better control over the number of patients seen in their practice.
- Dentists may report missed appointments to the Division by reporting a non reimbursable cost on the dental claim form (DNKAS: did not keep appointment as scheduled). The Division used this information to educate recipients on the importance of keeping scheduled appointments or canceling in advance when the appointment cannot be kept.
- The Division operates a managed care program in 37 of Missouri's 115 counties.
 Contracts with health plans ensure access to dental care for members. The Division conducts a wide variety of contract compliance reviews and collects data from health plans to ensure appropriate access to all types of care including dental.
- The Division works in partnership with the Missouri Primary Care Association in an
 effort to increase oral health care access through federally qualified health centers
 and a portion of Missouri's tobacco settlement is earmarked for these oral health
 initiatives.
- e. Completed assessment regarding Dental Van program expansion. Please see attached dental van information.

(WB3.22.2) – Increase capacity of staff to assess medical needs of children in intact families.

<u>b. Issued revised form and policy.</u> The CD-14 packet is scheduled to be distributed to staff in December 2005.

c. Existing staff training in Assessment Service Planning using CD-14 as tool statewide. Due to additional requests for this training, three additional sessions have been added through January 2006.

Item 23: Mental health need of the child

(WB3.23.1) – Increase the ability of Children's Division staff and families to access available mental health resources.

e. In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers. In consultation with DMS, CD was advised that Missouri Medicaid issued a notice to providers regarding claims processing enhancements. Providers were advised paper claims, paper adjustments and paper attachments would be eliminated beginning July 1, 2005. Moving towards a paperless system is more efficient. If providers do not complete the form accurately, the on-line version will not allow the form to be submitted. Providers can learn almost immediately if their requests have been accepted or denied.

Enhancements to the Internet health care claim screens on the Medicaid website at www.emomed.com will provide for the submission of additional claim and attachment information. Providers were notified by bulletins throughout the phase-in process. Providers could monitor bulletins on the Division of Medical Services' website at www.dss.mo.gov/dms for specific program information. Upon completion of all enhancements to the electronic billing processes, providers must be prepared to use a clearinghouse, billing agent or the Medicaid website at www.emomed.com for all claims submission. Attachment requirements were eliminated for some psychology codes. The bulletin may be viewed at the following site: http://www.dss.mo.gov/dms/bulletins/bulletin27-23 2005jul1.pdf

(WB3.23.2) – Increase awareness of staff and foster parents regarding attachment and mental health issues.

b. Increased the number of staff and foster parents trained on Working with the Explosive Child.

c. Increased the number of staff and foster parents trained on Grief and Loss. Training on attachment issues, Grief and Loss, Working with the Explosive Child and other mental health issues have been made available to foster parents and staff as in – service modules from STATS, or as separate trainings through the contracted provider and community mental health partners.

(WB3.23.3) – Increase capacity of staff to assess mental health needs of children in intact families. *There are no benchmarks due for 3rd quarter.*

Systemic Factors

Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care. This item was found to be substantially achieved.

Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions

- (25.1) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Refer to \$2.3.1.
- (25.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to \$2.3.2.
- (25.3) Improve supervisory capacity to monitor practice linking the assessment with the overall plan. *Refer to S2.3.3.*

- (25.4) Maximize parental/family involvement in Family Support Team Meetings. *Refer to P1.6.2.*
- (25.5) Improve staff facilitation skills for Family Support Team Meetings. There are no benchmarks due for this action step in Quarter 3.

Item 26: Process for 6-month case reviews

- (26.1) Revised current policy to clarify an Administrative Review and requirements. All benchmarks in this action step have been completed.
- (26.2) Recruit 3rd party participants for Administrative Reviews.
- a. Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative review.
- b. Circuit Managers scheduled and assigned individual reviews to cases. All regions with the exception of St. Louis County have recruited, provided training for and began utilizing 3rd party participants. A St. Louis County PET has met and proposed a recruitment plan. The PET team issued a survey in early October to collect input from all staff on names of potential 3rd party reviewers. The team met on October 11th and on November 22, 2005. A list of potential objective 3rd party reviewers has been created and shared with team members. A plan will be solidified in organizing training of and use of reviewers and then schedule them for training in January 2006. Once training is completed, these reviewers will participate in the six month review process. Renegotiation dates are reflected in the matrix.
- (26.3) Increase ability to track 6 month Administrative Reviews separately from FSTs. All benchmarks have been completed in this action step.
- Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
- (27.1) Improve access to legal representation for CD. Refer to Pl.9.4.
- (27.2) Implement training to develop testifying skills for CD staff.
- c. Based on evaluation and technical assistance, curriculum modified. The Professional Development & Training (PD & T) Unit obtained TA from DLS, NRC and OSCA. Mark Gutchen, Deputy Director for DLS attended and observed the testifying skills portion of the agency Child Welfare Practice Basic Orientation. Mr. Gutchen indicated the training content and skills practice provided a good, practical hands on approach to testifying and approved of the content and method of delivery. In addition, the PD &T Unit consulted with NRC and OSCA on testifying skills for staff. NRC and

- OSCA provided written material that was considered in the review of testifying skills contained in Basic Orientation. Currently, there are no plans to modify the curriculum.
- (27.3) Increase the timeliness of 12 month Permanency Hearings.
- j. Incorporated new policy into BASIS and OJT training for existing staff. The FST memorandum and policy were revised in July 2005, however it has not been distributed to staff. We anticipate disseminating this and many other memos by January 2006.
- (27.4) Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations. *Refer to P1.7.4.*
- Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.
- (28.1) Improve access to legal representation for CD. Refer to P1.9.4.
- (28.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment. *Refer to S2.3.2.*
- (28.3) Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented. *Refer to P1.9.1.*
- (28.4) Improve diligent search for relatives/ parents. Refer to P1.6.2.
- (28.5) Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required.
- a. Proposal drafted. 2006 legislative proposals were drafted in August 2005 to amend Section 211.447 to ensure consistency with ASFA requirements and Section 211.093 to allow the Juvenile Court greater authority to transfer cases to other circuits.
- <u>b. Written proposal reviewed by OSCA and the Department.</u> Copies of the proposal were provided to OSCA and the Department in August for review. The proposal was sent to the capitol on September 9th.
- Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing to held with respect to the child.

- (29.1) Increase ability of foster parents to be notified of and heard in court. *All benchmarks in this action step have been completed.*
- Item 30: Standards to assure quality services and ensure children's safety and health This item was found to be substantially achieved.
- Item 31: Identifiable QA system that evaluates the quality of services and improvements This item was found to be substantially achieved.
- Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge This item was found to be substantially achieved.
- Item 33: Ongoing training for staff
- (33.1) Develop supervisory training for front line supervisors.
- h. Training curriculum reviewed and approved by CD management.

 i. Professional Development and Training selected one rural and one metro field test site.
- j. Professional Development and Training field tested curriculum in two test sites. In August 2005, CD Training Management reviewed and approved the draft of the Clinical Supervisor Training curriculum .A field test walk- through of the curriculum was conducted in September 2005. The field test contained supervisory staff from both rural and metro sites. This was done to minimize the cost of having two separate sessions. The field test resulted in many great ideas being shared by the supervisors in the field test. Several recommendations were made by the group on ways to enhance the training. Feedback and suggestions are currently being evaluated by the PD & T Unit.
- (33.2) Develop advanced in-service training module for investigations and assessment. All benchmarks in this action step have been completed.
- (33.3) Develop advanced in-service training module for Family-Centered Services.
- d. Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.
- e. Administration approved advanced Family-Centered Services in-service module.
 f. Professional Development and Training began training advanced Family-Centered
 Services curriculum. CD Training management reviewed the FCS in-service curriculum.
 Following the management review in September, the PD & T Unit conducted a field test of the FCS in-service curriculum which contained field staff from both rural and metro sites in October. The field test was handled this way to minimize the cost of conducting two separate field tests. The feedback from the field test group was extremely valuable and the suggestions and feedback are currently being reviewed to determine what modifications and enhancements can be made to the curriculum.

- (33.4) Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.
- d. Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA. The draft of the FCOOCH in-service module is currently being reviewed by CD Training Management and will be shared with OSCA for further review.
- (33.5) Enhanced On-The-Job (OJT) Training. All benchmarks in this action step have been completed.
- (33.6) Create training advisory committee to annually assess needs and evaluate training.
- b. Advisory committee developed a mission statement.
- c. Advisory committee developed a written plan for assessing training needs.
- d. Advisory committee developed a written plan for evaluating training needs.
- e. Plan submitted to CD administrators for approval. The Training Advisory Committee was originally scheduled to have the first meeting in April -May 2005. Committee members were selected April 2005, however, the committee's first meeting was put on hold due to budget constraints. It was also recognized the committee members' time would be better spent assessing training needs and evaluating the training program after the new classroom and On the Job Training was formalized statewide. Therefore, the committee will plan to meet in February 2006 to finalize a draft of the mission statement, develop the operational framework for the advisory committee, and determine how the committee will function to best meet the needs of the Children's Division staff. Timeframes have been revised in the matrix to reflect the new completion dates.
- (33.7) Develop child Abuse and Neglect Training (CA/N) Institute for CD staff. All benchmarks in this action step have been completed.
- (33.8) **Provide training based on circuit specific needs.** All benchmarks in this action step have been completed.
- Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge. This item was found to be substantially achieved.
- Item 35: Services array
- (35.1) Increase access and availability to dental services. Refer to WB3.22.1.
- (35.2) Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA). There are no benchmarks due for this action step in Quarter 3.

- (35.3) Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children. *Refer to P1.6.5*.
- (35.4) Increase availability of and access to parenting classes and family/parent aide services. There are no benchmarks due for this action step in Quarter 3.
- (35.5) Increase services to meet the needs of non-English speaking consumers. There are no benchmarks due for this action step in Quarter 3.
- (35.6) **Increase availability of transportation services.** There are no benchmarks due for this action step in Quarter 3.
- Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP. See Item 35 1-6.
- Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.
- (37.1) Increase access to existing services. See item 35 1-6.
- (37.2) Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment. *Refer to S2.3.2.*
- Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP. This item was found to be substantially achieved.
- Item 39: Develops annual progress reports in consultation with stakeholders. This item was found to be substantially achieved.
- **Item 40 Coordinates services with other federal programs.** This item was found to be substantially achieved.
- **Item 41: Standards for foster family and child care institutions.** This item was found to be substantially achieved.
- Item 42: Standards are applied equally to all foster family and child care institutions. This item was found to be substantially achieved.
- **Item 43: Conducts necessary criminal background checks.** This item was found to be substantially achieved.
- Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.

(44.1) – Increase the number of resource families. Refer to P1.6.5.

Item 45: Uses cross jurisdictional resources to find placements. This item was found to be substantially achieved.



PROGRAM IMPROVEMENT PLAN

QUARTER 4 PROGRESS REPORT

NOVEMBER 2005 – JANUARY 2006

SUBMISSION DATE:

FEBRUARY 28, 2006

Quarter 4 Accomplishments

The following is summary of activities completed during Quarter 4 (November 2005 to January 2006) of the Program Improvement Plan.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

- Item 1: Timeliness of initiating investigations of reports of child maltreatment
- (S1.1.1) Clarify policy regarding timeliness of initiating reports of child maltreatment. All benchmarks in this action step were met during Quarter 1.
- (\$1.1.2) Increase accuracy of data regarding initial contact.
- b. As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data. Initial contact policy information was provided in memo CD05-35, previously submitted. Additional fields have been provided in SACWIS. No further action needed regarding this benchmark.
- d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements. Regional work plans indicate circuits are reviewing and monitoring PRR results quarterly. Circuits performing above the goal will continue with current practices. Those performing below the goal offered strategies for improvement:
 - Requiring staff to submit a "rough draft" of their documentation of initial contacts to ensure safety.
 - Circuit Manager reviews PRR results and discusses with supervisors in weekly conference. Recommendations are discussed and shared with front line staff.
 - Workers must consult with their supervisors prior to the expiration of the initial contact time frames.
 - Workers must make the required number of attempted contacts and consult with their supervisor if they do not make contact within the initial contact time frame.
 - Individual and group meetings held with staff to reinforce the importance of initial contact to ensure safety and to identify obstacles.
 - Scheduling PET meetings and regional staff meeting with the juvenile office to address strategies.
 - Utilizing the multi-disciplinary team approach.
 - A Self-Circuit Assessment workgroup was develop to address 24 hour CA/N contact and 30 day completion.
 - Screen for incorrect data entries prior to end of month.
 - Charts made on all PIP measures disseminated to CD staff for review on progress.

- (S1.1.3) Study feasibility for alternative protocols for managing non CA/N referral. All benchmarks in this action step have been met.
- (S1.1.4) **Develop improvement plan to respond timely to reports of maltreatment.** All benchmarks in this action step have been completed.
- (S1.1.5) Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.
- g. Collected and analyzed PRR tool results for practice enhancements. Analysis
 The CANHU Peer Record Review tool was automated in Lotus Notes and piloted in
 October 2005. Six CANHU workers participated in the pilot. Each worker reviewed six
 peers' child abuse/neglect reports. Six supervisors also participated in the pilot. Each
 supervisor also reviewed six reports after workers completed their peer reviews. The
 supervisor review was done on a one-time basis to check the reliability of the workers'
 peer review. Supervisors were assigned reviews of calls taken by their own
 supervisees.

This pilot was completed to test the peer review tool, to identify training needs for using the tool, and to obtain timings. The analysis recommended that further training needs to occur before the process is implemented with all staff at the hotline. Based on the results, reviewers disagreed on scoring in 39 percent of the cases. The inconsistency was to the extent that one reviewer rated as item as passing while the other scored the same item as failing. A dual review (each case being reviewed by two staff) was recommended to continue until there is more conformity in the review results. Reviewer agreement needs to be increased from 71 to 90 percent before the review data can be used to accurately reflect the practices at the CA/N HU. The tool achieved the goal of being an instrument that can be completed quickly for reviewing hotline calls.

- (S1.1.6) Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.
- a. Defined what statutory core functions are.
- b. Developed proposed plan for information dissemination on practice changes regarding non CA/N call. See attached draft white paper on M&P report and P & M Referral Change Proposal.
- c. Consulted with National Resource Center on Child Protective Services regarding non CA/N referrals. A referral was made to made to NRC-CPS in November 2005 when Emily Hutchinson provided on site technical assistance to help the division address "safety across the board" issues.

Item 2: Repeat maltreatment

(S1.2.1) – Ensure consistent and accurate completion of SDM safety and risk assessment.

d. Evaluated SDM Peer Record Review Outcomes. Each region continues to evaluate and ensure consistent and accurate completion of SDM safety and risk assessment on a regular basis. Below are some of their strategies.

- Training identified to address obtaining the chief investigators signature, providing more descriptive information in the narrative and timely completion of CA/N reports.
- Local PET meeting to review PRR results and cases to address needs for improvement.
- Each CA/N investigative staff will receive another copy of the SDM policy to review. Any CPS-1a and Risk Assessment that is not consistent with the narrative will be returned to worker for corrective action.
- Review PRR results during CQI meeting.
- Teaching staff to get familiar and use managed reporting more proficiently.
- QA Specialist will provide statistical data to regional director on a quarterly basis to show progress or lack of progress.
- Monthly staff meetings to address concerns/issues related to PRR.

h. As needed, provided training to circuits identified with imminent need. Local supervisors have provided training as needed. Central office staff is currently in the process of developing a PowerPoint training highlighting Structured Decision Making procedures, along with best practice issues that have been found to be concerns following the several reviews. This training is currently being scheduled to begin March 17, 2006. The training will be provided to the counties/circuits who have requested it, as well as those who have exhibited a need for such training. This training will be provided to investigators/assessors, supervisors, managers and administrators, along with Children's Services Specialists and Family-Centered Services Consultants. The PowerPoint will be made available on the division Intranet and will be updated on an ongoing basis.

(S1.2.2) – Implementation of Confirming Safe Environments (CSE) process

f. strengths in summary and CSE curriculum incorporated into policy and practice through policy memo and localized training. This benchmark has been subsumed into the work of the Visitation Workgroup who has been charged with addressing all safety issues through the division's continuum of services. The workgroup has met several times to review current policies and practices. The workgroup has provided recommendations. Several policy memorandums will be developed based on many of the recommendations. It is anticipated that all memos addressing visitation and safety throughout will be disseminated to staff by July 2006. Attached is a copy of the workgroup's report. We are requesting renegotiation of this benchmark.

(S1.2.3) - Strengthen policy regarding assessment of safety at and throughout placement.

- a. Developed policy regarding assessment of safety at and throughout placement.
 b. Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight. The Visitation Workgroup is also addressing these benchmarks. Please refer to S1.2.2.f. We are also requesting renegotiation of these benchmarks to be completed by July 2006.
- (S1.2.4) Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care. All benchmarks in this action step have been completed.
- (\$1.2.5) Strength policy and practice relating to chronic neglect and accumulation of harm.
- f. Used IAR's screening tool to determine if families meet the CN criteria. A Chronic Neglect checklist was developed based on IAR'S statistical findings. See attached. Casper county staff utilized the checklist to determine the number of families who scored 18 Alternative Care and 39 Family-Centered Services cases. Currently an evaluation grant is being pursued through Behavioral Concepts (subcontractor of University of Missouri-Columbia) in conjunction with Children's Trust Fund.

Additional trainings will be provided to staff in McDonald, Newton and Jasper counties. Concepts/Concrete skills we would like staff to learn and walk away from the training are: engaging and diffusion skills; techniques to be used when progress is not occurring; instructing parents on behavioral interventions and charting; model and teach problem solving skills and emphasis on practical and useful tools that will work for families.

- (S1.2.6) Develop performance-based contract for foster parents.
- c. Informed foster parents of PFDP criteria at assessment and reassessment. The performance based criteria continues to be used as a guide for staff to address with foster parents at licensure and re-licensure.
- d. Identify plan to inform CD staff of new requirements for foster parents. A memo has been drafted to inform staff of the PFDP. It instructs staff to complete a plan with each provider within 30 days of initial licensure and at the time of license renewal. It outlines the training goals of each family to be reviewed annually. It establishes criteria based on STARS competencies.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in home and prevent removal

- (\$2.3.1) Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.
- <u>e. Recommendations regarding changes made.</u> Additional training sessions added in 2006 for the CD-14 will be concluding at the end of February. We will continue to solicit feedback from staff but will only make revisions to the CD-14 due to future policy changes.
- <u>f. Policy issued with new documents and instructions.</u> The below link provides the policy memorandum disseminated to staff during December 2005. http://www.dss.mo.gov/cd/info/memos/2005/72/cd0572.pdf
- g. Training of existing staff completed. Requests were made from the St. Louis Region for additional trainings on the CD-14. The last training session was completed in February 2006.
- h. Incorporated changes into BASIC training. The new CD-14, FCS Family Assessment Packet is covered during BASIC orientation of new staff. It is also included in the FCS in-service as part of the skills application and practice.
- (S2.3.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement.
- f. PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve. Consumer surveys are sent monthly and responses are recorded when received. However, survey results are posted on the CD's Intranet annually. The data for the 2005 surveys are scheduled to be posted by the end of the month.

PDR results are provided to the circuits at the end of their review. The preliminary data which are tied to Outcome measures are provided to all participants at the meeting. Those measures that fall below the PDR expectation of acceptable are required to develop an improvement plan.

- (S2.3.3) Improve supervisory capacity to monitor enhanced practice relating to case planning.
- d. Feedback from field testing reviewed by review team. The most recent draft of the supervisory case review tool was field tested by the members of the Supervision Workgroup in December 2005.
- e. Supervisory case review tool revised as needed. Feedback was reviewed and appropriate revisions made to the tool in January 2006.

f. Protocol for supervisory case review established and manual revisions made. Sampling methodology discussed is to review two hotlines from each worker per month. The tool will be applied to one FCS and one out-of-home care case per worker, per month, without reviewing the same case twice in a six month period.

At the time the tool is distributed for statewide use, a memorandum will be issued explaining the process. A training plan is also being developed to instruct supervisors in effectively using this tool. At this time we are not making any revisions to the child welfare manual.

- (S2.3.4) Establish procedures to access various service funding streams.
- b. Distributed service access funding grid and guidelines to all staff. The attached document will be sent to all Regional Staff in March and placed in the new administrative section of the Child Welfare Manual at a later date. However, this information has already been provided to staff in sections. The information on use of Children's Treatment Services was sent out 1/13/06 to Regional Directors. The use of crisis funds was sent out on 2/18/06. The Making Mental Health Referrals was sent out approximately 2 years ago. Having this information in one document and placed in the manual will be more beneficial to staff.
- (S2.3.5) Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families. All benchmarks in this action step have been completed.

Item 4: Risk of harm to child

- (\$2.4.1) Ensure consistent and accurate completion of SDM safety and assessment. Refer to \$1.2.1.
- (S2.4.2) *Implementation of CSE process.* Refer to S1.2.2.
- (S2.4.3) Implement enhance background screening for foster/adopt and court ordered providers.
- b. Policy updates and supervisory consultations with existing staff. In December a policy memorandum CD05-76 provided information on the use of electronic scan fingerprint services. http://www.dss.mo.gov/cd/info/memos/2005/76/cd0576.pdf.
- (S2.4.4) **Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.** First Quarter (1-1-05 to 3-31-05) there were four (4) POE reports; three in second quarter; 3 in the third quarter; and, 2 in the last quarter of 2005.
- (\$2.4.5) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing

assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns. Refer to \$2.3.1.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster care re-entries. This item was found to be substantially achieved.

Item 6: Stability of foster care placement

- (P1.6.1) Increase system capacity to accurately track placement kinship vendor types.
- d. staff will convert existing data to reflect accurate placement types. Training was provided to QA and assigned staff from all the regions to begin converting court ordered placements to either relative of kinship placements in December. Conversion of these placement types will be concluded at the end of February 2006.
- (P1.6.2) *Improve diligent search for relatives/missing parents.* All benchmarks in this action step have been completed.
- (P1.6.3) Expand use of family support team meetings to promote stability in alternative care placements. All benchmarks in this action step have been completed.
- (P1.6.4) Identify resource family types and shortages.
- c. Extended current Foster Care/Adoption Resource Services contract. The current contract has been extended through April 2006. The Contract Management Unit (CMU) is in the process of re-bidding services under the new contract. CMU anticipates awarding the new contract in April 2006. The new contract will allow the division to pay for training and assessment. CD staff will be expected to address local recruitment issues.
- e. Consulted with the National Resource center for Family Centered Practice and Permanency Planning regarding recruitment of resource families. On site technical assistance was received from Lorrie Lutz at NRC-FCP&PP on January 27, 2006 to address recruitment and retention concerns.
- (P1.6.5) *Increase number of resource families.*
- f. Extended current Foster Care/Adoption Resources Services contract. The current contract has been extended through April 2006. The Contract Management Unit (CMU) is in the process of re-bidding services under the new contract. CMU anticipates awarding the new contract in April 2006. The new contract will allow the division to pay for training and assessment. CD staff will be expected to address local recruitment issues.

- (P1.6.6) Increase placement stability by improving matching capabilities for children in out-of-home setting. There are no benchmarks due during Quarter 4 for this action step.
- a. Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical factors in placement stability. On site technical assistance was received from Lorrie Lutz at NRC-FCP&PP on January 27, 2006 to address recruitment and retention concerns, including placement stability.

(P1.6.7) – Evaluate support and training provided for relative/kinship resource families.

a. Surveyed current relative caregivers on the adequacy of the Caregiver Who Knows the Child training curriculum. At the end of the Caregiver Who Knows the Child Training, each participant is asked to complete the evaluation for the training. Initially it was decided that we would use the evaluation as the survey. After reviewing the evaluation, it was decided the evaluation did not meet our need. In February 2006 a survey was developed and distributed to 200 caregivers. The data will be collected and analyzed in March 2006. A copy of the survey is attached.

Item 7: Permanency goal for child

(P1.7.1) – Ensure the frequency and timeliness of FST Meetings occurs per policy.

c. Circuit Managers assisted by PET monitored frequency data.

Regional action plans received from all regions outlining improvement plans or providing data on their performance.

- FST/PPRT workgroup has been meeting monthly during the past quarter and working on recruitment and training of community stakeholders to serve as third party reviewers.
- The Team decision meeting facilitator uses a tracking form to track attendees of meetings.
- Specific days each month scheduled with GALs for PPRTs.
- Supervisors developing monthly reminders of needed FST/PPRTs.
- Staff required to take the SS-61 to the PPRT and complete it there to ensure more timely reporting.
- PET team to monitor timeliness and uyytyr;[develop a rotating schedule for community partners.
- Implementing new ways of assuring data accuracy and timely entry of information.
- Training of staff to understand the meaning of meeting timeframes and timely data entry.
- Regional QA Specialist working with supervisory staff in understanding how to input data timely, developing a better system of tracking when FST/PPRTs are due.

- (P1.7.2) Improve quality of FSTs to ensure permanency goal is reviewed and established.
- g. Trained expert facilitators. St. Louis County provided training to supervisors and Children's Services Specialists during Jan. 2006 on the 18th, 19th and 25th. h. Memo describing expert facilitators access protocol and expert facilitators duties distributed to all staff. After the training sessions were completed in January 2006, a memo was disseminated to St. Louis County staff in February 2006.
- (P1.7.3) **Strengthen policy and practice relating to concurrent planning.** Benchmarks in this action step are not due this quarter or were previously met.
- (P1.7.4) Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations. All benchmarks in this action step have been completed.
- Item 8: Reunification, guardianship, or permanent placement with relatives
- (P1.8.1) Address permanency and service needs of children in Legal Status 2, 3, and 4. All benchmarks in this action step have been completed.
- (P1.8.2) **Establish procedures to access various funding streams.** Refer to S2.3.4.
- (P1.8.3) Ensure frequency and timeliness of FST Meetings occurs per policy. Refer to P1.7.1.
- (P1.8.4) *Improve quality of FST to assure the review of permanency goal.* Refer to P1.7.2.
- (P1.8.5) Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings consistent with state and federal regulations. Refer to P1.7.4.
- (P1.8.6) Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities. All benchmarks in this action step have been completed.
- (P1.8.7) Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. All benchmarks have been completed for this action step.
- (P1.8.8) Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7. Refer to P1.6.1.

Item 9: Adoption

- (P1.9.1) *Termination* of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.
- d. Policy disseminated to staff and supervisory oversight. This memo was sent to the Division of Legal Services for review and input. Once the feedback is incorporated into the memo, it will then be ready to be disseminated to staff.
- (P1.9.2) *Increase number of resource families.* Refer to P1.6.5.
- (P1.9.3) *Increase capacity to conduct home studies and finalize adoptions.* All benchmarks have been completed for this action step.
- (P1.9.4) *Improve access to legal representation for CD staff.* All benchmarks in this action step have been completed.

Item 10: Other planned living arrangement

- (P1.10.1) *Increase number and quality of resource families for older youth.* All benchmarks in this action step have been completed.
- (P1.10.2) Increase awareness of Chafee program services to staff and community members.
- c. LP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies. Independent living program staff continuously provides information to staff informally and by attending FSTs to discuss Chafee services and ETV for youth. Some community involvement includes speaking at STARS foster parent training and meeting with public and private youth serving agencies. In addition, there is regular contact with the juvenile court, CASA and other FST members. Additionally ILP staff and youth attended the annual Child Advocacy Day held in January 2006.
- (P1.10.3) Increase program accessibility to prove life skills training services for older youth.
- c. Consulted with SYAB members on needs of older youths. Quarterly meetings continue with the State Youth Advisory Board to address older youth needs.

Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.

Item 11: *Proximity of foster care placement.* This item was found to be substantially achieved.

Item 12: Placement of Siblings.

(P2.12.1) – Increase the number of siblings placed together.

- c. Circuit Managers monitored quarterly PRR results and improvement plans developed. When possible and in the children's best interest sibling placement is a priority. Emphasis is placed on keeping sibling together. Other efforts made to improve results include:
 - Increasing the number of children for which foster parents can be licensed.
 - Stressing the importance of sibling placement during foster parent training.
 - Provide joint trainings with juvenile office on the importance of sibling placement.
 - Use of relative/kinship home to keep siblings together.
 - Holding a FST prior to separating siblings.
 - Accessing training from Early Head Start regarding the impact of separation on attachment.
- d. Developed administrative process to review cases after siblings are separated after 30 days. The draft policy memo previously developed will provide the process to review cases. Due to other memos deemed as more urgent, this particular memo was assigned a lower priority. Changes in policies related to the 2005 legislation session and revisions to the Child Welfare Manual policies related to Investigation/Family Assessment; Family-Centered Services, and Family-Centered Out-of Home Care assigned were given a higher priority. The anticipated date this memo will be disseminated to staff is April 2006.

(P2.12.2) – Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.

a. Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training. CD uses the CWLA Pre-service PRIDE curriculum (know as STARS) to train prospective foster/adopt parents. This curriculum addresses the issue of sibling bonds and long term effects of separation in several areas. This is accomplished by stressing the importance of permanence for a child which includes maintaining connections and continuity with their parents and siblings. The role of the birth family and foster family is explored along with the impact of the child's personal and cultural identity on his self esteem. Emphasis is placed on the importance of supporting parental and sibling bonds, understanding family relationships, maintaining the child's connections, the importance of visitation which includes sibling visits. It is critical for siblings to maintain their relationship particularly when separated from their parents. Separation and loss issues are covered as the impact of placement on the child from their family is explored. The need for the child's sense of belonging and security is emphasized as a part of how foster/adopt parents can assist children in maintaining lifelong relationships.

Child Welfare Practice Basic Orientation Training addresses the need to appropriately 'match' a child and foster home which includes taking into consideration the situation and relationship with siblings. Further sibling issues are explored around separation and loss issues as children are placed, concerns around visitation of the child with parents/siblings and agency visitation policies are discussed which include sibling placement and visitation.

- (P2.12.3) *Increase* capacity for resource families that accept sibling groups. *Refer to P1.6.5.*
- Item 13: Visiting with Parents and Siblings in foster care.
- (P2.13.1) Increase frequency and quality of parent/child and sibling visits.
- a. revised policy to improve qualitative and quantitative visitation plan requirements. The Visitation Workgroup has been charged with all visitation issues. The workgroup has met several times to review current policies and practices. The workgroup has provided recommendations. Several policy memorandums will be developed based on many of the recommendations. It is anticipated that all memos addressing visitation will be disseminated to staff by July 2006. We are requesting renegotiation of this benchmark to July 2006.
- b. Incorporated policy revision into Basic training and supervisory oversight provided to existing staff. As a general rule, new policies are incorporated into BASIC approximately 30 days after the memo has been disseminated. Anticipated completed date is August 06.
- c. Incorporated revisions into PRR tool. Once the policy has been disseminated to staff, the Quality Assurance Manager will incorporate revisions into the PRR tool. Anticipated date is August 06.
- e. Circuit Managers monitor date regarding frequency of parent/child sibling visits.

 Three months after revisions have been made to the PRR tool, data will be available for review by Circuit Managers. New anticipated date is November 2006.
- f. Circuit Manager assisted by the PET teams developed practice improvement plans using all available data for guidance. Once PRR data is available regarding improving qualitative and quantitative visitation plan, after reviewing the date, Circuit Manager can begin to develop improvement plans, if necessary. New anticipated date is November 2006.
- Item 14: Preserving connections.
- (P2.14.1) Increase emphasis on preserving familial and community connections for children in out of home care.

- a. Evaluated Family to Family program regarding applicability for statewide implementation.
- b. Submitted evaluation recommendations to administration.
- c. Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability. An Administrative Data Report of the St. Louis City Family to Family Program is provided by George Warren Brown School of Social Work at Washington University. The report provides data by target zip codes. The zip codes profile data on nine outcomes. See attached Administrative Data report. St. Louis City Regional Director submitted recommendation to the division's Interim director. See attached Family to Family Recommendations.
- d. Develop state plan to address preserving connections. CD Interim Director, Deputy Director and, St. Louis City Region Director met with staff from Casey Family Program on January 31, 2006 to look at replicating the positive outcomes of the Family to Family program in other parts of the state. As a result, the division is planning to expand certain practice components of the Family-to-Family model, specifically team decision making, targeted resource development, and the use of data in making key decisions. St. Louis County has expressed interests in this, and our regional managers are now evaluating where else parts of this model can be implemented.
- (P2.14.2) Improve diligent search for relatives/missing parents. Refer to P1.6.2.
- (P2.14.3) Revise ICWA policy.
- c. Newly revised intake & assessment disseminated to all CD staff. The FCS Family Assessment Packet (CD-14) was disseminated to staff in December 2005. http://dssweb/cs/memos/2005/72/cd0572.pdf

Item 15: Relative Placement.

- (P2.15.1) Increase system capacity to accurately track placement kinship vender type. Refer to P1.6.1.
- (P2.15.2) *Improve diligent search for relatives/kinship resource families.* Refer to P1.6.2.
- (P2.15.3) Evaluate support and training provided for relative/kinship resource families. Refer to P1.6.7.
- Item 16: Relationship of child in care with parents.
- (P2.16.1) Improve diligent search for non-custodial parent. Refer to P1.6.2.
- (P2.16.2) Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver

(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to \$2.3.2.

Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs

- Item 17: Needs and services of child, parents, and foster parents.
- (WB1.17.1) Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to \$2.3.1.
- (WB1.17.2) Strengthen worker's skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.
- (WB1.17.3) Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to \$1.2.2.
- Item 18: Child and family involvement in care planning
- (WB1.18.1) Maximize parental/family participation in Family Support Team Meeting. Refer to S2.3.2.
- (WB1.18.2) Improve the quality of Family Support Team Meeting. Refer to P1.7.2.
- (WB1.18.3) Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.
- c. Developed an universal parent handbook. A handbook has been developed. See bio parent handbook attachment.
- Item 19: Worker visits with Child Improve quantity and quality
- (WB1.19.1) Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.
- c. Team developed policy on visitation and draft protocol regarding quality of visits. The Visitation Workgroup developed a draft protocol regarding quality of visits. This tool will be disseminated to staff with the memo with a July 06 distribution date. The protocols are included in the Visitation Workgroups report recommendations.

- d. Recommendation reviewed by policy review team and executive staff. Prior to the memo and protocol being distributed in July 2006, the policy review team and executive staff will have provided input.
- e. Policy disseminated to staff. Policy will be distributed to staff by July 2006.
- f. Utilize Practice Enhancement Teams (PET) to support protocols. Once policy has been distributed PET teams can be using the protocols.
- WB1.19.2) Increase policy compliance for frequency of worker visits for intact and out-of-home cases.
- a. Achieved progress in caseload equalization by developing quarterly circuit workload reports. The following are the primary steps taken by circuit staff to address this benchmark.
 - Caseloads are figured monthly on each worker for supervisors to verify case loads are relatively even.
 - Supervisors and Circuit Manager review worker reports to address not only the number of cases workers have but also work load.
 - Caseloads and workloads are reviewed weekly at supervisory case conferences.
 - Tracking caseloads on a monthly basis through use of staffing analysis and assigning cases on a rotation basis.
- (WB1.19.3) *Tracking system to track worker visits (date/site)* No benchmarks were due for this action step in Quarter 3.
- Item 20: Worker visit with parent(s)
- (WB1.20.1) Strengthen worker relationships with biological or adoptive parents.
- a. Protocols established in WB1.19.1 c included in adoptive parent training. The Visitation Workgroup developed a draft protocol regarding quality of visits. This tool will be disseminated to staff with the memo with a July 06 distribution date.
- (WB1.20.2) Refer to WB1.19.1, WB1.19.2 and WB1.19.3

Well Being Outcome 2 – Children receive services to meet their educational needs

- Item 21: Children receive appropriate services to meet their educational needs
- WB2.21.1) Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts. All benchmarks in this action step have been completed.

(WB2.21.2) – Improve the flow of educational records and reports when children transfer schools.

b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts. Contract amendments went sent to residential treatment providers in January 2006. Due to several providers having concerns with the amended language, another amendment, attached, was sent out at the end of February.

(WB2.21.3) – Decrease the incidence of educational neglect, truancy and suspension of children in care.

- f. Protocols distributed to staff and shared with local school districts. A policy memorandum was distributed to staff in February, addressing educational support and intervention for students at risk of academic failure. A letter will be sent in March from the division's Interim Director to all the school district informing them of the policy changes. http://www.dss.mo.gov/cd/info/memos/2006/16/cd0616.pdf
- g. Protocols incorporated into BASIC and foster parent training. Staff Development and Training is in the process of incorporating this information into BASIC. This information will be shared with foster parents in upcoming trainings.
- (WB2.21.4) Decrease the incidence of educational neglect, truancy and suspension of children for intact families.
- <u>f. Protocols distributed.</u> A policy memorandum was distributed to staff in February, addressing educational support and intervention for students at risk of academic failure. A letter will be sent in March from the division's Interim Director to all the school district informing them of the policy changes. <u>http://www.dss.mo.gov/cd/info/memos/2006/16/cd0616.pdf</u>
- g. Protocols incorporated into BASIC training. Staff Development and Training is in the process of incorporating this information into BASIC.

Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs

Item 22: Physical health of the child

- (WB3.22.1) Increase ability of Children's Division staff and families to access available dental resources.
- (WB3.22.2) Increase capacity of staff to assess medical needs of children in intact families.
- b. Issued revised form and policy. The FCS Family Assessment Packet (CD-14) was disseminated to staff in December 2005. http://dssweb/cs/memos/2005/72/cd0572.pdf

- c. Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide. Additional training sessions added for 2006 for the CD-14 will be concluding at the end of February.
- d. Integrated CD-14 into Advanced Family-Centered In —service training module. It is included in the FCS in-service as part of the skills application and practice piece. The CD-14 is mainly covered in Basic Orientation, but it is also utilized in the FCS in-service around application of skills.

Item 23: Mental health need of the child

- (WB3.23.1) Increase the ability of Children's Division staff and families to access available mental health resources. All benchmarks in this action step have been completed
- (WB3.23.2) Increase awareness of staff and foster parents regarding attachment and mental health issues. There are no benchmarks due for 4^{th} quarter.
- (WB3.23.3) Increase capacity of staff to assess mental health needs of children in intact families. There are no benchmarks due for 4^{th} quarter.

Systemic Factors

- Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care. This item was found to be substantially achieved.
- Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions
- (25.1) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Refer to \$2.3.1.
- (25.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. *Refer to S2.3.2.*
- (25.3) Improve supervisory capacity to monitor practice linking the assessment with the overall plan. *Refer to S2.3.3.*
- (25.4) Maximize parental/family involvement in Family Support Team Meetings. *Refer to P1.6.2.*

(25.5) – Improve staff facilitation skills for Family Support Team Meetings. There are no benchmarks due for this action step in Quarter 4.

Item 26: Process for 6-month case reviews

- (26.1) Revised current policy to clarify an Administrative Review and requirements. All benchmarks in this action step have been completed.
- (26.2) Recruit 3rd party participants for Administrative Reviews.
- b. Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews. St. Louis County is in the process of training third party reviewers. They had an overwhelming response from the community and have trainings scheduled through April 2006. Once the trainings are completed, third party reviewers will be assigned to cases.
- (26.3) Increase ability to track 6 month Administrative Reviews separately from FSTs. All benchmarks have been completed in this action step.
- Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
- (27.1) Improve access to legal representation for CD. Refer to Pl.9.4.
- (27.2) Implement training to develop testifying skills for CD staff.
- <u>d. Modified curriculum approved.</u> Division of Legal Services reviewed and approved the current content around testifying skills.
- (27.3) Increase the timeliness of 12 month Permanency Hearings.
- j. Incorporated new FST policy into BASIC and OJT training. The Administrative review and FST memo is currently still in draft. Once the memo is disseminated to staff it will be incorporated into BASIC and OJT training for staff.
- (27.4) Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations. *Refer to P1.7.4.*
- Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.
- (28.1) Improve access to legal representation for CD. Refer to P1.9.4.

- (28.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment. *Refer to S2.3.2.*
- (28.3) Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented. *Refer to P1.9.1.*
- (28.4) Improve diligent search for relatives/ parents. Refer to P1.6.2.
- (28.5) Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required.
- c. Meetings held between OSCA and the Department of Social Services to finalize proposal. Copies of the proposal were provided to OSCA and the Department in August for review. OSCA identified this as an area needing improvement in the JCIP reassessment. Since the proposal was sent to the capitol on September 9th, there was no need for further meetings to finalize the proposal.
- Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.
- (29.1) Increase ability of foster parents to be notified of and heard in court. *All benchmarks in this action step have been completed.*
- Item 30: Standards to assure quality services and ensure children's safety and health This item was found to be substantially achieved.
- Item 31: Identifiable QA system that evaluates the quality of services and improvements This item was found to be substantially achieved.
- Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge This item was found to be substantially achieved.
- Item 33: Ongoing training for staff
- (33.1) Develop supervisory training for front line supervisors.
- k. Professional Development and Training, revised curriculum based on evaluation. In November 2005, CD Professional Development and Training staff met to review the feedback information and tools from the field test and to organize the revisions. Several small revisions were made such as re-arranging information from the reference section to the workbook. Revisions were also made which involved moving content so it would

be easier to understand. In addition, there were identified pieces of content that needed to be added for clarification. Some examples included:

- Information regarding the parallel process, which the group found to be a difficult topic to grasp. They felt the section needed more explanation.
- Information on time management needed to be rearranged so that it flowed better.

In December 2005, CD Professional Development and Training staff met again to review the latest revisions made to accommodate the needs of the field test group. It was determined that additional content was needed on Solution Focused techniques.

In January 2006, CD Professional Development and Training staff met with Dr. Anderson, from the University of Mo- Columbia. Discussion involved the revised curriculum and the need to incorporate Solution Focused Techniques, as well as having one complete section devoted to the topic. Dr. Anderson agreed to work closely with the CD Training Unit to further enhance the curriculum. The major revisions to the curriculum have been completed as of January '06. However, additional content is being developed Dr. Anderson.

- I. Professional Development and Training implemented curriculum statewide. A field test comprised of both rural and metro staff was conducted in September 2005. It provided a great opportunity for feedback regarding the curriculum, format, and content. Feedback obtained was very positive. The participants expressed how much they liked the focus on the clinical aspects of supervision. Participants also liked the format and the highly interactive nature of the material. They believed this would aid in retention of the material. Staff provided suggestions on ways to enhance the curriculum.
- (33.2) Develop advanced in-service training module for investigations and assessment. All benchmarks in this action step have been completed.
- (33.3) Develop advanced in-service training module for Family-Centered Services. There are no benchmarks due for 4th quarter.
- (33.4) Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.
- e. CD Administration approved advanced Family-Centered Out-of-Home Care Services in-service training module. CD Administration and staff at OSCA have reviewed and approved the draft of the FCOOHC In-Service curriculum. The curriculum will be finalized after the field test group participates in the curriculum walk-through. Both metro and rural staff will attend the field test which is scheduled for February 28, 2006.
- f. Professional Development and Training began training advanced Family-Centered Out-of-Home Care Services curriculum in one metro and one rural site. *The field test*

training of the FCOOHC in-service is scheduled for Feb 28th, 2006. The field test will be comprised of both metro and rural staff at various levels. Feedback and recommendations from the field test training will be used to modify the draft curriculum which may include changes to the existing in-service draft and /or may result in additional content being added to the in-service training.

- (33.5) Enhanced On-The-Job (OJT) Training. All benchmarks in this action step have been completed.
- (33.6) Create training advisory committee to annually assess needs and evaluate training. Due to requirements of the PIP and COA, CD has offered approximately 70 additional trainings in addition to what the Staff Development and Training Unit and contractors are currently doing in addressing basics. We are requesting to renegotiate all the benchmarks in this action step. They are as follow:
 - a. Create a core team consisting of Social Work Specialists, Supervisors, workers and a trainer to enhance the provisions of On-the-Job Training (OJT). Projected: Jan 06
 - b. Identify core skills/competencies that CD will expect new staff will have after completing BASIC training. Projected: April 06
 - c. Supervisors used beginning skills/guide list with workers. Projected: April 06
 - d. Provided activities for staff to practice during OJT, after BASIC. Projected: April 06.
 - e. Supervisors comment on the skills/guide list. Projected: June 06
 - f. Skills guide/list available for use by supervisors statewide. Projected: Aug 06
 - g. Expanded core team to include external partners to develop a review process for the enhanced: Sep 06
 - h. Began review process to assess effectiveness: Oct 06
- (33.7) Develop child Abuse and Neglect Training (CA/N) Institute for CD staff. All benchmarks in this action step have been completed.
- (33.8) **Provide training based on circuit specific needs.** All benchmarks in this action step have been completed.
- Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge. This item was found to be substantially achieved.

Item 35: Services array

- (35.1) Increase access and availability to dental services. Refer to WB3.22.1.
- (35.2) Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA). There are no benchmarks due for this action step in Quarter 3.

- (35.3) Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children. *Refer to P1.6.5*.
- (35.4) Increase availability of and access to parenting classes and family/parent aide services. There are no benchmarks due for this action step in Quarter 4.
- (35.5) Increase services to meet the needs of non-English speaking consumers.
- c. Made CD forms available in other languages (Spanish to Accommodate growing Hispanic population). The division currently has four forms available in Spanish.
 - CS-21 Investigation Disposition Letter
 - CS-21A Family Assessment Status Letter
 - CS-24 Description of the Investigation Process
 - CS-24A Description of the Family Assessment Process

The Know Your Rights Brochure and poster (posted in reception area of each CD county office) is also in Spanish.

The CS-21 and CS-21A are also available in Bosnian. An updated Service Delivery Grievance Form is currently pending. Language contracts for interpretive services are available in each county office.

- (35.6) Increase availability of transportation services.
- c. Issued state-wide transportation contracts. Transportation contract awards were made in February 2006. Attached is a copy of all awards.
- Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP. See Item 35 1-6.
- Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.
- (37.1) Increase access to existing services. See item 35 1-6.
- (37.2) Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment. *Refer to S2.3.2.*
- Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP. This item was found to be substantially achieved.
- Item 39: Develops annual progress reports in consultation with stakeholders. This item was found to be substantially achieved.

- **Item 40 Coordinates services with other federal programs.** This item was found to be substantially achieved.
- **Item 41: Standards for foster family and child care institutions.** This item was found to be substantially achieved.
- Item 42: Standards are applied equally to all foster family and child care institutions. This item was found to be substantially achieved.
- **Item 43: Conducts necessary criminal background checks.** This item was found to be substantially achieved.
- Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.
- (44.1) Increase the number of resource families. Refer to P1.6.5.
- **Item 45: Uses cross jurisdictional resources to find placements.** This item was found to be substantially achieved.



PROGRAM IMPROVEMENT PLAN

QUARTER 5 PROGRESS REPORT

February 2006 - April 2006

SUBMISSION DATE:

May 26, 2006

Quarter 5 Accomplishments

The following is summary of activities completed during Quarter 5 (February 2006 to April 2006) of the Program Improvement Plan.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

- Item 1: Timeliness of initiating investigations of reports of child maltreatment
- (S1.1.1) Clarify policy regarding timeliness of initiating reports of child maltreatment. All benchmarks in this action step were met during Quarter 1.
- (S1.1.2) Increase accuracy of data regarding initial contact.
- d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements.
 - Supervisors continue to meet with workers on a case by case basis to find every possible way of meeting initial contact timeframes.
 - Supervisors review cases for initial contact during weekly case conferences
 - Circuit Managers and PET Team monitor initial contact on a monthly basis and issues are addressed with front line staff as they come up
 - Supervisors review CPS 1 and the CPS 1A at or within 72 hours with investigators/assessors.
 - A workgroup was developed for supervisors to help expound on an excel spreadsheet that would calculate the initial contact for workers so they would know when initial contact was due.
 - Supervisors are required before assigning the case to a worker to assess
 whether the worker will be able to make timely contact and if not, the supervisor
 or another worker will make the initial contact and properly document the contact.
 - Circuit Managers monitors the Peer Record Review results. Supervisors and Circuit managers read cases on an ongoing basis for accuracy
- (S1.1.3) Study feasibility for alternative protocols for managing non CA/N referral. All benchmarks in this action step have been met.
- (S1.1.4) **Develop improvement plan to respond timely to reports of maltreatment.** All benchmarks in this action step have been completed.
- (S1.1.5) Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.

g. Collected and analyzed PRR tool results for practice enhancements. Analysis. Ongoing/Quarterly.

The review tool is a six item instrument with additional clarification items if certain questions are answered in the negative. Of the 487 reviews recently conducted, 94% of the reviews were concluded in ten minutes or less. The average review time for those reviews (459 of the 487 reviews) was 2.3 minutes. 239 CA/Ns (comprising 478 reviews) were reviewed by two staff while nine were reviewed by one person. Of the 239 calls reviewed by two people, complete agreement was reached by the reviewers for 61% (146) of the calls reviewed. An additional 32% of the reviews had consensus on at least four of the six questions on the instrument.

The record review tool still seems to achieve the goal of being a quick to complete instrument for reviewing calls. Also, dual reviews (each case being reviewed by two staff) needs to continue until there is more conformity in the review results. It is hoped that the reviewer agreement rate can be increased to at least 90% for each question before the review data can be used to properly inform the agency on strengths or needs in practice at the hotline.

- (S1.1.6) Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.
- d. Shared proposed plan with Regional Directors. A copy of the proposed plan was shared with the Regional Directors at their April meeting.

Item 2: Repeat maltreatment

- (\$1.2.1) Ensure consistent and accurate completion of SDM safety and risk assessment.
- d. Evaluated SDM Peer Record Review Outcomes. (Ongoing/Quarterly). For Calendar Year (CY) 2005, the PRR results indicated that average rate of completion for the SDM Safety Assessment (CPS-1) was 94 percent. For the first quarter of CY 2006, the completion rate remains at 94 percent.
- h. As needed, provided training to circuits identified with imminent need. SDM and Practice improvement training related to child fatality reviews was originally scheduled to begin during March 06. This training has been postponed to begin during June 06 due to the addition of new procedures for Field Managers to assume the primary responsibility on July 1, 2006 for reviewing fatality or critical event reports in cases having current or prior CD involvement. Therefore, training Field Managers on this new responsibility will occur simultaneously with the practice improvements training in the respective circuits. Additionally, the visitation workgroup recently completed their discussions and related policy revisions pertaining to various visitation issues, one of which is continuing to assure safety during visits with children and families. This issue

is also one of the key points that will be discussed in the SDM/Practice Improvements training. Therefore, delaying the SDM training has allows an opportunity to bridge information and unify a message prior to the commencement of both groups proceeding with the field training.

(S1.2.2) – Implementation of Confirming Safe Environments (CSE) process

- f. Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff. A copy of the Visitation Workgroup recommendation was provided to Executive staff in November 2005.
- g. Executive staff met to approve recommendations. At one of their January meetings, the Executive staff approved the recommendations.
- h. Central Office staff met to begin address policy assignments. Central Office staff met on February 27, 2006 to discuss policy assignments.
- i. Developed safety policy regarding assessment of safety at and throughout placement. Central Office staff has developed three policy memorandums to address safety and visitation based on the recommendations from the Visitation Workgroup.
- j. Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents. Central Office policy development staff met with Staff Development and Training to discuss recommendations from the Visitation workgroup, policy implications, and how to incorporate this information into BASIC and In-Service trainings. Below are highlights from the meeting:
 - The OJT will be done locally by the first line supervisors and CD specialists. Some of this will be included into the OJT material.
 - The Quality Improvement and Field Support staff is developing the power point and will be doing an initial round of training using the power point for the circuits and specialists.
 - This training will be reference in BASIC, but agreed cannot include the entire PowerPoint training
 - Older Youth-Foster parent training will include Ready Set Fly training which will now be part of the <u>local</u> in-service in addition to what is provided as in-service through STARS modules.

(S1.2.3) - Strengthen policy regarding assessment of safety at and throughout placement.

a. Visitation Workgroup convened to review current visitation and safety policy. The Visitation Workgroup was convened and met for the first time in May 2005 to begin reviewing visitation policy throughout the child welfare manual.

- b. Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff. The Visitation Workgroup completed their review of safety and visitation policies in the child welfare manual and submitted their recommendations in November 2005. This report was previously submitted as documentation.
- c. Developed policy regarding assessment of safety at and throughout placement.

 Central Office staff has developed several policy memorandums addressing safety and visitation based on many of the recommendations from the Visitation Workgroup. Three policy memorandums have been developed.
- d. Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents. During an April 24th meeting, Central Office policy development staff met with Staff Development and Training to discuss recommendations from the Visitation workgroup, policy implications, and how to incorporate this information into BASIC and In-Service trainings.
- (S1.2.4) Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care. All benchmarks in this action step have been completed.
- (\$1.2.5) Strength policy and practice relating to chronic neglect and accumulation of harm.

Per CD's 4th quarter response, we are providing an update on the proposed evaluation grant, including benchmark updates.

Tracking tool	S1.2.5.g Developed a tool for manual tracking	P-Feb 06
	of CN families to be utilized throughout pilot	R-May 06 A-
	S1.2.5.h Met with Regional and Circuit	P-Jun 06
	administrators to strategize about next steps	
	and community forum.	A-
	S1.2.5.i Held community forum to gain	P-Jul 06
	support from stakeholder.	A-
	S1.2.5.j Initiated pilot.	P-Aug 06
		A-
Evaluation report	S1.2.5.k CD staff evaluated short term output	P-Jan 07
	of pilot effectiveness.	A-

(S1.2.6) – Develop performance-based contract for foster parents.

c. Informed foster parents of PFDP criteria at assessment and reassessment. The performance based criteria continues to be used as a guide for staff to address with foster parents at licensure and re-licensure.

d. Identify plan to inform CD staff of new requirements for foster parents. A memo was disseminated to staff addresses resource provider training including the use of the Professional Family Development Plan.

http://www.dss.mo.gov/cd/info/memos/2006/37/cd0637.pdf

- e. Trained CD staff on PFDP and how to assist family in developing and implementing the plan. Central Office staff developed and provided training to resource development workers in the entire Southern Region and the Northeast Region beginning in March 2006. A plan has been formulated to complete this training for remaining staff during June. A training agenda is attached.
- f. Identified resources for foster families to use to successfully implement PFDP. It is the responsibility of the resource development worker to assist foster families to identify needs and resources required in their PFDP. The resource development workers know best what resources are available in their area and provide this information to foster families as needed.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

- Item 3: Services to family to protect child(ren) in home and prevent removal. Per 4th quarter negotiations, PRR IV-13 replaces IV-15.
- (\$2.3.1) Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.
- e. Recommendations regarding changes made. All training sessions have been completed during February 2006. No additional training sessions are being added nor feedback solicited at this time.
- (\$2.3.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement.
- f. PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve. Consumer surveys are sent monthly and responses are recorded when received. However, survey results are posted on the CD's Intranet annually. The data for the 2005 surveys are have been posted and available for staff to review on the Intranet.

PDR results are provided to the circuits at the end of their review. The preliminary data which are tied to Outcome measures are provided to all participants at the meeting. Those measures that fall below the PDR expectation of acceptable are required to develop an improvement plan.

- (\$2.3.3) Improve supervisory capacity to monitor enhanced practice relating to case planning.
- g. System automation completed for supervisory case review tool. The Children's Division is dependent upon IT staff outside of the division to automate the SCR process and tool. The tool could have been implemented in the field on time without the self-scoring or data auto-population features, however, this would mean the tool will take much more time to complete and results for the survey could not be gathered into a database for monitoring use. We felt these features were crucial to supervisor buy-in and success of the review process. We worked with ITSD staff to incorporate these features into the process and feedback from users has been positive.
- h. Supervisory case review tool and protocols approved and distributed for statewide use. During May and June 2006, supervisors across the state will be trained on the SCR process and tool. Additionally, the tool, local Excel spreadsheet and a PowerPoint training are all available on the CD intranet. The beginning of June a memo will go out to all staff informing them of the SCR process. The beginning of July the first sample of cases to be reviewed will be sent out to each circuit manager. QA Specialists will be responsible for monitoring their region's reviews and SCR results will be posted quarterly.
- (S2.3.4) Establish procedures to access various service funding streams. All benchmarks in this action step have been completed.
- (S2.3.5) Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families. All benchmarks in this action step have been completed.
- **Item 4:** *Risk of harm to child.* PRR IV-13 was removed as a measure for this item per 4th quarter renegotiation.
- (S2.4.1) Ensure consistent and accurate completion of SDM safety and assessment. Refer to S1.2.1. All benchmarks in this action step have been completed.
- (S2.4.2) *Implementation of CSE process.* Refer to S1.2.2.
- (S2.4.3) *Implement enhance background screening for foster/adopt and court ordered providers.* All benchmarks in this action step have been completed.
- (S2.4.4) Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.
- f. Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities. (Ongoing/Quarterly). There were three substantiated preponderance of evidence reports on licensed residential treatment facilities from January 1, 2006 through March 31, 2006.

(S2.4.5) – Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns. Refer to S2.3.1. All benchmarks in this action step have been completed.

Permanency Outcome 1: Children have permanency and stability in their living situations.

- Item 5: Foster care re-entries. This item was found to be substantially achieved.
- Item 6: Stability of foster care placement
- (P1.6.1) Increase system capacity to accurately track placement kinship vendor types.
- d. Staff will convert existing data to reflect accurate placement types. Training was provided to QA and assigned staff from all the regions to begin converting court ordered placements to either relative or kinship placements in December. Conversion of these placement types were concluded at the end of February 2006.
- e. Coding changes to be reflected in Quarterly Outcome Report. In Measure #17 of the Outcomes report Increase the number of children placed with relative providers This is an unduplicated count of children placed with relatives during the quarter. Children are counted as being placed with relatives if they are in a licensed or unlicensed relative home. Children in kinship placements are not reflected in this measure. This information is included in the monthly Children's Services Management Report.
- (P1.6.2) *Improve diligent search for relatives/missing parents.* All benchmarks in this action step have been completed.
- (P1.6.3) Expand use of family support team meetings to promote stability in alternative care placements. All benchmarks in this action step have been completed.
- (P1.6.4) Identify resource family types and shortages.
- d. Circuits reported quarterly progress on recruitment activities. Circuits are actively pursuing recruitment of additional foster parents by the following methods:
 - Local pizza franchise agreed to put a flyer on each pizza delivered. The flyer advertises what a foster parent is, what the requirements are to be one and the need for more in the area.
 - Local churches agreed to put notice in their flyers or bulletins for the need of more foster parents in their areas
 - Foster parent appreciation banquet to be held for foster parents. A list of potential foster parents will be compiled based on this event

- Flyers posted at local schools and throughout the community regarding the need for good foster parents.
- Open house held in circuit providing the public general information about foster care. The Open House advertised in the newspapers and an article about the need for foster parents.
- Circuits have had pens, pads of paper, lapel pins and ribbons made to distribute randomly informing the public of the need for more foster parents
- Recruitment meetings held at local schools and churches
- Foster parent support groups formed and local staff attend these meeting and promote bringing a friend to these meetings
- Numerous circuits have planned foster parent appreciation activities and foster parents are asked to bring a friend who could be a potential foster parent
- Flyers are placed in grocery bags at local supermarkets
- Letters to editors with need identified and statistics that show need for more foster parents
- Radio spots used
- Displays set up at local civic or community events
- Using the STARS training in process with many families being trained.
- Use ILP video at STARS training to show the need for foster homes for teenagers
- Recruitment efforts target specific areas such as homes for African-American males, older your and sibling groups. All staff are to engage in recruitment activities

(P1.6.5) – Increase number of resource families.

- g. Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency and stability. The attached Excel report provides information on progress of contractors toward achieving their outcomes which are designed for a 12 month period.
- (P1.6.6) Increase placement stability by improving matching capabilities for children in out-of-home setting. There are no benchmarks due during Quarter 5 for this action step.
- (P1.6.7) Evaluate support and training provided for relative/kinship resource families.
- a. Surveyed current relative caregivers on the adequacy of the Caregiver Who Knows the Child training curriculum. At the end of the Caregiver Who Knows the Child Training, each participant is asked to complete the evaluation for the training. Initially it was decided that we would use the evaluation as the survey. After reviewing the evaluation, it was decided the evaluation did not meet our need. In February 2006 a survey was developed by a workgroup and distributed to 200 caregivers. The data will be collected and analyzed in March 2006. A copy of the survey is attached.

b. Data collected and analyzed.

Fifty of the 200 surveys were returned. Based on the returns, the group determined the caregivers approved of the curriculum, and found it to be helpful and did not need to develop a new training curriculum, but need to improve the following areas of the current manual:

Primary Areas of Focus:

- Understanding Permanency Goals
- Managing New Responsibilities
- Managing Stress & Staying Healthy
- Information regarding the Grievance Process.

Secondary areas of improvement are:

- Foster Parent Role in the FST
- The Impact of Separation & Loss on the Child
- Meeting Medical Needs

Central Office staff will send out the original chapters of the curriculum for review and revisions by the workgroup. The compiled draft will be reviewed by the team. A select sample of relative providers will review the draft material. The Caregivers will work with the workgroup to finalize the draft. The revisions will be available for review by CD administration.

Item 7: Permanency goal for child

(P1.7.1) – Ensure the frequency and timeliness of FST Meetings occurs per policy.

- c. Circuit Managers assisted by PET monitored frequency data. There has been increasing concern during the past few months with the decline of the timely completion of FST meeting within 30 days and 6 months as reported in the Outcomes Report. This concerned was addressed during the quarterly Big 8 Circuit conference calls. There appeared to be a lot of confusion surrounding timeframes, data accuracy and the difference between a FST and PPR. A policy clarification memo was disseminated to staff in April. http://www.dss.mo.gov/cd/info/memos/2006/39/cd0639.pdf
- (P1.7.2) *Improve quality of FSTs to ensure permanency goal is reviewed and established.* All benchmarks in this action step have been completed.
- (P1.7.3) **Strengthen policy and practice relating to concurrent planning.** Benchmarks in this action step are not due this quarter or were previously met.
- (P1.7.4) Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.

P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training (Ongoing). A collaboration workshop involving multi-disciplinary teams from five judicial circuits, was conducted in Jefferson City from February 27-March 1, 2006. The goals of the workshop were to promote a common understanding of the language and concepts of collaboration; promote team building; enable teams to articulate their vision, values, and mission; educate teams about group dynamics and how to examine the dynamics of their own groups; enable teams to understand the team lifecycle and assess their own place on that cycle; instruct teams on how to create an action plan to strengthen their collaboration; and allow teams to share common experiences with one another.

Teams from nine judicial circuits applied to participate in the workshop. Selection was based primarily on the team's history of working together and on an assessment by the applicants of why improving collaboration is critical at this time. Each team was to consist of six members, comprised of at least two representatives from the juvenile courts and two representatives from the Children's Division. It was recommended that a judge who hears child abuse/neglect cases be included as a member of the team. All members were to sign a memorandum of understanding, expressing a commitment to participate in the workshop and all of its activities.

Information about a video teleconference on best practices and creative strategies for implementing concurrent planning presented at 6 locations will be provided in the 6th quarter update.

- Item 8: Reunification, guardianship, or permanent placement with relatives
- (P1.8.1) Address permanency and service needs of children in Legal Status 2, 3, and 4.
- P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases. This memo was previously drafted some months ago. However in clarifying protocols in policy to reflect good social work practice to assure the safety and meeting the permanency needs of children, this benchmark was included in the responsibility of the Visitation Workgroup with a renegotiated distribution date of May 2006.
- (P1.8.2) **Establish procedures to access various funding streams.** Refer to S2.3.4. All benchmarks in this action step have been completed.
- (P1.8.3) Ensure frequency and timeliness of FST Meetings occurs per policy. Refer to P1.7.1. All benchmarks in this action step have been completed.
- (P1.8.4) *Improve quality of FST to assure the review of permanency goal.* Refer to P1.7.2. All benchmarks in this action step have been completed.
- (P1.8.5) Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings

- **consistent with state and federal regulations.** Refer to P1.7.4. All benchmarks in this action step have been completed.
- (P1.8.6) Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities. All benchmarks in this action step have been completed.
- (P1.8.7) Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. All benchmarks have been completed for this action step.
- (P1.8.8) Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7. Refer to P1.6.1.

Item 9: Adoption

- (P1.9.1) Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.
- d. Policy disseminated to staff and supervisory oversight. This memo was disseminated to staff in May 2006. Due to this memo being extremely late, it is being submitted in this update. http://www.dss.mo.gov/cd/info/memos/2006/cd0653.pdf.
- <u>e. Incorporated into Basic training.</u> TPR and compelling reasons changes have been included in BASIC. Due to the tremendous delay of this memo being sent out to staff, Staff Development and Training worked with the policy unit to add changes/updates while the memo was going through the approval process.
- f. Quarterly monitoring by PRR. In CY 2005, the average PRR results indicated that filing TPR when a child has been in care for 15 out of the most recent 22 months or compelling reasons were documented occurred 88 percent of the time. For the first quarter of CY 2006, the percentage increased to 91 percent. This measure will be monitored to determine policy impact during subsequent quarters.
- (P1.9.2) *Increase number of resource families.* Refer to P1.6.5.
- (P1.9.3) *Increase capacity to conduct home studies and finalize adoptions.* All benchmarks have been completed for this action step.
- (P1.9.4) Improve access to legal representation for CD staff.
- e. CD legal representation at court hearings monitored by CD/DLS joint committee for improvement. Ongoing. During the past quarter the joint committee has met to review the process that was set in place by the protocol. Quarterly meetings are available between the DLS attorney assigned to the circuit and the Circuit Manager to discuss

issues of significance to the region; staff TPR cases or any concerns the region may have. DLS is the support division for DSS however they provide legal representation for CD in approximately 97 percent of the cases opened during FY 05.

Item 10: Other planned living arrangement

(P1.10.1) – *Increase number and quality of resource families for older youth.* Refer to P1.6.5.a-e. The remaining *benchmarks have been completed.*

(P1.10.2) – Increase awareness of Chafee program services to staff and community members.

- c. ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies. Ongoing ILP staff continuously are involved with Case Managers and community youth serving agencies. Some of the activities include:
 - Quarterly advisory committee meetings with the Missouri Mentoring Partnership.
 - Attendance at PET team meeting to discuss Chafee and TLP.
 - Attendance at many FST meetings with youth.
 - Child Advocacy Day held on January 31, 2006.
 - Hosted quarterly TLP provider meeting to update all providers on Chafee services and anticipated changes.
 - Met with colleges and universities on working with adolescents.
 - Participated in residential reviews.
 - Monthly or quarterly meetings with RHY providers.
 - Participated in STARS and BASIC trainings.
 - Involved youth in community fund raising projects.

(P1.10.3) – Increase program accessibility to prove life skills training services for older youth.

c. Consulted with SYAB members on needs of older youth. Quarterly meetings are held with youth to solicit their input.

Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.

Item 11: *Proximity of foster care placement.* This item was found to be substantially achieved.

Item 12: Placement of Siblings.

(P2.12.1) – *Increase the number of siblings placed together.* Per the Visitation Workgroup Implementation Plan, benchmarks e-g has been revised. Benchmarks d and e are indicated below, while f and g are not due until next quarter.

- c. Circuit Managers monitored quarterly PRR results and improvement plans developed. When possible and in the children's best interest sibling placement is a priority. Emphasis is placed on keeping sibling together. Other efforts made to improve results include:
 - Increasing the number of children for which foster parents can be licensed.
 - Stressing the importance of sibling placement during foster parent training.
 - Provide joint trainings with juvenile office on the importance of sibling placement.
 - Use of relative/kinship home to keep siblings together.
 - Holding a FST prior to separating siblings.
 - Accessing training from Early Head Start regarding the impact of separation on attachment.
- d. Visitation Workgroup presented recommendations on preserving sibling ties.

 A copy of the Visitation Workgroup recommendations report was presented to the Executive team during their regular meeting for review and input in November 2005.
- e. Developed policy requiring a FST prior to separating siblings. A memo and policy updates were drafted during April 2006.
- (P2.12.2) **Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.** Benchmarks in this action step are not due this quarter or were previously met.
- (P2.12.3) *Increase* capacity for resource families that accept sibling groups. *Refer to P1.6.5.*
- Item 13: Visiting with Parents and Siblings in foster care.
- (P2.13.1) *Increase frequency and quality of parent/child and sibling visits.* Per the Implementation Plan, the benchmarks in this action step have been revised. Refer to Matrix for changes.
- a. Visitation Workgroup presented recommendations on preserving sibling ties. The recommendations reported presented in November 2005 to the Executive team includes recommendations on preserving sibling ties.
- b. revised policy to improve qualitative and quantitative visitation plan requirements. Central Office staff has developed several policy memorandums addressing safety and visitation based on the recommendations from the Visitation Workgroup. Three policy memorandums have been developed. This memo due out by the end of May will be the third and last of the series.
- **Item 14:** *Preserving connections.* Per 4th quarter negotiation, the method of measurement for Relative Placement CD-Outcomes #17 will include children in Legal Statuses 1-4. Previous data only captured LS 1 children.

- (P2.14.1) Increase emphasis on preserving familial and community connections for children in out of home care.
- d. Developed state plan to address preserving connections. Policy enhancements to the Child Welfare Manual that addresses the CD's philosophical base regarding the preservation of family and community connections was disseminated statewide to staff during April 06. http://dssweb/cs/memos/2006/41/cd0641.pdf
- (P2.14.2) *Improve diligent search for relatives/missing parents.* Refer to P1.6.2. All benchmarks in this action step have been completed.
- (P2.14.3) **Revise ICWA policy.** All benchmarks in this action step have been completed.
- Item 15: Relative Placement.
- (P2.15.1) Increase system capacity to accurately track placement kinship vender type. Refer to P1.6.1.
- (P2.15.2) *Improve diligent search for relatives/kinship resource families.* Refer to P1.6.2. All benchmarks in this action step have been completed.
- (P2.15.3) Evaluate support and training provided for relative/kinship resource families. Refer to P1.6.7.
- Item 16: Relationship of child in care with parents.
- (P2.16.1) *Improve diligent search for non-custodial parent.* Refer to P1.6.2. All benchmarks in this action step have been completed.
- (P2.16.2) Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to \$2.3.2.

Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs

- **Item 17: Needs and services of child, parents, and foster parents.** PRR III-3, III-10 and IV-15 have been removed as a method of measurement from the matrix per 4th quarter negotiation. IV-13 has been added.
- (WB1.17.1) Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to S2.3.1. All benchmarks in this action step have been completed.

- (WB1.17.2) Strengthen worker's skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.
- (WB1.17.3) Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to \$1.2.2.

Item 18: Child and family involvement in care planning

- (WB1.18.1) *Maximize parental/family participation in Family Support Team Meeting.* Refer to S2.3.2.
- (WB1.18.2) *Improve the quality of Family Support Team Meeting.* Refer to P1.7.2. All benchmarks in this action step have been completed.
- (WB1.18.3) Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.
- d. Solicited consumer feedback on parent handbook. The Parent Handbook is currently being piloted in 5 circuits. Each handbook provides a survey for the parent to complete. Feedback is being solicited from both parents and workers. The pilot will be concluded on May 31, 2006.

Item 19: Worker visits with Child – Improve quantity and quality

- (WB1.19.1) **Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.** Benchmarks c-h have been revised due to the Visitation Workgroup Implementation plan.
- c. Visitation Workgroup presented recommendations on how visitation is critical in timely reunification to executive staff. A copy of the Visitation Workgroup recommendations report was presented to the Executive team during their regular meeting for review and input in November 2005.
- d. Recommendations reviewed by executive staff. Executive staff approved all the recommendations of the workgroup without a fiscal impact during the in person meeting in January 2006.
- e. Policy drafted. The third and last policy memo from the recommendations of the Visitation Workgroup has been drafted and is scheduled to be disseminated at the end of May 2006.

WB1.19.2) – Increase policy compliance for frequency of worker visits for intact and out-of-home cases.

a Achieved progress in caseload equalization by developing quarterly circuit workload reports. (Quarterly). The following are steps taken by various circuits to address this benchmark.

- Developed a workload equalization chart that used the COA standards.
- Caseload stats are updated on a monthly basis and new cases assigned accordingly.
- Convened Monthly Stats sheet workgroup to develop monthly stats report.
- Use of the end of the month report to monitor and stabilize work loads.

(WB1.19.3) - Tracking system to track worker visits (date/site) -

CD will not be committing additional resources to make enhancements to the ACTS and FCS systems to track worker visits due to being in the process of converting Case Management information into SACWIS. Statewide conversion is anticipated during the first quarter of CY 2007. Since we will not be able complete these benchmarks until after the two year PIP period, we are proposing a rewrite of the benchmarks in this action step as indicated.

WB1.19.3.a Reviewed the FCS section of the Family	P-Feb 06
Satisfaction survey on monthly worker visits with the family.	A-Feb 06
WB1.19.3.b Reviewed the youth portion of the Family	P-Feb 06
Satisfaction survey on bi-monthly worker visits with the out-of-	
home care child.	A-Feb 06
WB1.19.3.c PET teams annually analyzed family satisfaction	P-Apr 06
survey data	A-Apr 06
WB1.19.3.d Worked with ITSD staff to include worker visit	P-May 06
information (with child, parents, foster parents) and sibling	
visits in the Outcome Reports when converted to SACWIS.	A-

- a. Reviewed the FCS section of the Family Satisfaction survey on monthly worker visits with the family. The FCS Family Satisfaction survey results are posted on CD's Intranet annually. Staff can view results on gender, race and age of children by regions.
- b. Reviewed the youth portion of the Family Satisfaction survey on bi-monthly worker visits with the out-of-home care child. The FCS Family Satisfaction survey results are posted on CD's Intranet annually. Staff can view results on gender, race and age of children by regions.
- c. PET teams annually analyzed family satisfaction survey data. During April 2006, the QA Unit reviewed and analyzed survey results. QA Specialists were required to submit to the QA Manager their regional report based on analysis of the data for their region in May 2006. In June, the QA Specialists will provide survey data to the Regional Directors.

Item 20: Worker visit with parent(s)

- (WB1.20.1) Strengthen worker relationships with biological or adoptive parents.
- a. Protocols established in WB1.19.1 c included in adoptive parent training. Due to the Implementation plan renegotiations his benchmark should now refer to WB1.19.1g to reflect training on policy enhancements for all resource parents.
- (WB1.20.2) Refer to WB1.19.1, WB1.19.2 and WB1.19.3

Well Being Outcome 2 – Children receive services to meet their educational needs

- Item 21: Children receive appropriate services to meet their educational needs
- WB2.21.1) Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts. All benchmarks in this action step have been completed.
- (WB2.21.2) *Improve the flow of educational records and reports when children transfer schools.* All benchmarks in this action step have been completed.
- (WB2.21.3) Decrease the incidence of educational neglect, truancy and suspension of children in care. All benchmarks in this action step have been completed.
- (WB2.21.4) Decrease the incidence of educational neglect, truancy and suspension of children for intact families. All benchmarks in this action step have been completed.

Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs

Item 22: Physical health of the child

- (WB3.22.1) Increase ability of Children's Division staff and families to access available dental resources. All benchmarks in this action step have been completed.
- (WB3.22.2) Increase capacity of staff to assess medical needs of children in intact families. All benchmarks in this action step have been completed.

Item 23: Mental health need of the child

(WB3.23.1) – Increase the ability of Children's Division staff and families to access available mental health resources. All benchmarks in this action step have been completed.

(WB3.23.2) – Increase awareness of staff and foster parents regarding attachment and mental health issues.

b. Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training matrix). (Ongoing Semi-annually)
c. Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix). (Ongoing semi-annually)

Efforts to increase the number of staff who are trained on Working with the Explosive Chile and on Grief and Loss include:

- Supervisors and intake workers attended an attachment training presented by Dr, Jacqueline Ellis.
- Mental Health issues and attachment are discussed with Foster Parents through STARS training and through a variety of in-service trainings offered to them.
- Local health provider trained staff and foster parents on self-mutilations.
- BFC consultant is being utilized to work individually with foster parents of children who have these specific needs.
- Guest speakers are invited to attend circuit staff meetings to present on various mental health topics.
- Training on Working with the Explosive Child presented to foster parents at the Foster Parent Banquet in May.
- Staff are encouraged to attend agency sponsored and non-agency sponsored trainings, workshops and seminars to advance their know base and skill level.
- Foster parents are notified of training through the Foster Parent newsletter.
- Local hospital provides training in this area free of charge. All foster parents are invited to attend these free trainings
- Some in-service training has been made available to foster parents through contracted providers throughout the state

(WB3.23.3) – Increase capacity of staff to assess mental health needs of children in intact families.

b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed. (See S2.3.3 a-f). (Ongoing quarterly) During May and June 2006, supervisors across the state are being trained on the SCR process and tool. During the beginning of June a memo will go out to all staff informing them of the SCR process. At the beginning of July the first sample of cases to be reviewed will be sent out to each circuit manager. While the results are immediately available to the supervisor. The supervisor can forward their review results to the Circuit Manager. Individual review results will be sent to a Central Office database. We anticipate that we will post aggregate results on the CD Intranet on a quarterly basis beginning in November.

Systemic Factors

- Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care. This item was found to be substantially achieved.
- Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions. The method of measurement PRR IV-15 was changed during the annual meeting in March to PRR IV-8.
- (25.1) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Refer to S2.3.1. All benchmarks in this action step have been completed.
- (25.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. All benchmarks in this action step have been completed.
- (25.3) Improve supervisory capacity to monitor practice linking the assessment with the overall plan. Refer to S2.3.3.
- (25.4) *Maximize parental/family involvement in Family Support Team Meetings.* Refer to S2.3.2. All benchmarks in this action step have been completed.
- (25.5) *Improve staff facilitation skills for Family Support Team Meetings.* There are no benchmarks due for this action step in Quarter 5.

Item 26: Process for 6-month case reviews

- (26.1) Revised current policy to clarify an Administrative Review and requirements. All benchmarks in this action step have been completed.
- (26.2) Recruit 3rd party participants for Administrative Reviews.
- <u>b. Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.</u> All regions have recruited and train some third party reviewers. However, recruitment and training must be ongoing in order to keep a pool of third party reviewers available. Some of the activities include:
 - Invitations sent to community resources for informational meetings to recruit third party reviewers
 - Held recruitment meetings and secured names of interested parties and have utilized them in the PPRT process

- Utilizing Senior Services or FSD staff as third party reviewers
- Ministers, Retired School Teachers, Mental Health providers in community will assist
- Retired staff who know the system well are utilized as third party reviewers
- Staff made aware of all names on list
- Supervisors are responsible for distribution of list
- Most of those recruited are very familiar with the Missouri Child Welfare System and no additional training necessary
- Plans have been made to train third party reviewers that have no knowledge or background in the public child welfare system.
- (26.3) Increase ability to track 6 month Administrative Reviews separately from FSTs. All benchmarks have been completed in this action step.
- Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
- (27.1) *Improve access to legal representation for CD.* Refer to Pl.9.4. All benchmarks have been completed in this action step.
- (27.2) Implement training to develop testifying skills for CD staff.
- e. Based on evaluation and technical assistance curriculum modified. The curriculum was reviewed and approved by DLS. NRC shared written materials for consideration. The revisions were completed in March 06.
- (27.3) Increase the timeliness of 12 month Permanency Hearings.
- j. Incorporated new FST policy into BASIC and OJT training. The policy clarification relating to FST and PRR was distributed to staff on April 7, 2006. The new policy was added into BASIC in April and is being trained as part of the current session.

http://www.dss.mo.gov/cd/info/memos/2006/cd0650.pdf

- (27.4) Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations. Refer to P1.7.4. All benchmarks in this action step have been completed
- Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.
- (28.1) *Improve access to legal representation for CD.* Refer to P1.9.4. All benchmarks in this action step have been completed

- (28.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to \$2.3.2.
- (28.3) Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented. Refer to P1.9.1.
- (28.4) *Improve diligent search for relatives/ parents.* Refer to P1.6.2. All benchmarks in this action step have been completed
- (28.5) Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required. Benchmarks in this action step are not due this quarter or were previously met.
- Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.
- (29.1) Increase ability of foster parents to be notified of and heard in court. All benchmarks in this action step have been completed.
- Item 30: Standards to assure quality services and ensure children's safety and health This item was found to be substantially achieved.
- Item 31: Identifiable QA system that evaluates the quality of services and improvements This item was found to be substantially achieved.
- Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge This item was found to be substantially achieved.
- Item 33: Ongoing training for staff
- (33.1) **Develop supervisory training for front line supervisors.** Benchmarks in this action step are not due this quarter or were previously met.
- (33.2) **Develop advanced in-service training module for investigations and assessment.** All benchmarks in this action step have been completed.
- (33.3) Develop advanced in-service training module for Family-Centered Services.
- g. Professional Development and Training began training advanced Family-Centered Services training module and made revisions. Staff Development and Training (SD&T)

piloted the Family Centered-Services in-service training in St. Louis County during January 2006. Training evaluations and input from the trainees were used to fine tune the curriculum in February. In the next several months SD&T are planning to train a few more stand alone sessions to further refine the curriculum.

(33.4) – Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.

- e. CD Administration approved advanced Family-Centered Out-of-Home Care Services in-service training module. Addressed in the 4th quarter update.
- f. Professional Development and Training began training advanced Family-Centered Out-of-Home Care Services curriculum in one metro and one rural site. Addressed in 4th quarter update.
- g. Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions. The field test training of the FCOOHC in-service was completed on February 28, 2006. Revisions have been made based on feedback and recommendations.
- (33.5) *Enhanced On-The-Job (OJT) Training.* Per 4th quarter renegotiation, benchmarks d-l have been added.

33.5.d Created a core team consisting of social work	P-Jan 06
specialists, supervisors, workers and trainer to enhance the	A-Jan 06
provision of On-the-Job Training (OJT).	
33.5.e Identified core skills/ competencies that CD will expect	P-Apr 06
new staff to have after completing BASIC.	A-Apr 06
33.5.f Beginning skills guide to be developed for use by	P-Apr 06
supervisors.	A-Apr 06
33.5.g Supervisors commented on the skills/guide list.	P-Jun 06
	A-
33.5.h Skills guide modified after comment periods.	P-Jun 06
	A-
33.5.i Skills guide/list available for statewide use by	P-Aug 06
supervisors.	A-

d Created a core team consisting of social work specialists, supervisors, workers and trainer to enhance the provision of On-the-Job Training (OJT). Members of the core team consist of:

Lanette Bowring – NE Region Children Services Specialist Jody Scherer – SW Region Children Services Specialist Stacie Lee – SE Region Children Services Specialist Krista Mansholt – St. Louis Co. Children Services Specialist Elizabeth Schwach – St. Louis Co. Supervisor Cindy Miller – Training Unit Manager Julia Adami – Circuit Manager, 2nd circuit

- e. Identified core skills/competencies that CD will expect new staff to have after completing BASIC. The competencies to be used are those currently used in Child Welfare Practice Training. See attached.
- f. Beginning skills guide to be developed for use by supervisors. The attached Supervisor's guidebook has been sent for front line supervisors in selected circuits to use and comment.
- (33.6) Create training advisory committee to annually assess needs and evaluate training. Benchmarks in this action step have been renegotiated and due in subsequent quarters.

33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 R-Oct 06 A-
33.6.b Advisory committee developed a mission statement.	P-Apr 05 R-Oct 06 A-
33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 R-Nov 06 A-
33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 R-Nov 06 A-
33.6.e Plan submitted to CD administrators for approval	P-Jul 05 R-Dec 06 A-

- (33.7) **Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff**. All benchmarks in this action step have been completed.
- (33.8) **Provide training based on circuit specific needs.** All benchmarks in this action step have been completed.
- **Item 34:** Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge. This item was found to be substantially achieved.

Item 35: Service array

(35.1) – *Increase access and availability to dental services.* Refer to WB3.22.1. All benchmarks in this action step have been completed.

- (35.2) Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA). Benchmarks in this action step are not due this quarter or were previously met.
- (35.3) Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children. Refer to P1.6.5.
- (35.4) Increase availability of and access to parenting classes and family/parent aide services.

b. Developed performance based CTS contracts for family/parent aide and parenting class service. Children's Treatment Services (CTS) are intended to supplement the casework of staff. These services, including family/parent aide services are used to reduce risk and improve family functioning and are currently available in each region. The overall quality of the service delivered by the treatment provider must be evaluated constantly by local staff to ensure that family members receive appropriate intervention. Other than addressing provider compliance and effectiveness issues, it is virtually impossible to develop one statewide fee for service performance contract.

In the current contract, if a provider's level of effectiveness is not adequate, local staff must take steps to address concerns with the provider. Documented continued ineffective service may result in the withdrawal of authorizations.

For compliance staff looks at the following issues:

- Did the provider begin service delivery promptly?
- Was the provider's initial 30-day report received on time?
- Is the provider available to discuss the service delivery and results with staff?
- Were the provider's subsequent 60-day reports received in a timely manner?
- Did the provider consistently report changes?

The following issues are considered when evaluating the effectiveness of the contracted service provider:

- Did the provider establish a constructive relationship with household members?
- Were the provider's activities appropriate?
- Has there been progress toward achieving desired outcomes for the family?
- Do family members feel they have benefited from the service?
- Does the provider identify specific areas of progress or benefit for the family?

While the Contract Management Unit has convened a work group to revise the current contract, we do not anticipate any major changes to the RFP than what is currently in the contract.

(35.5) – Increase services to meet the needs of non-English speaking consumers. All benchmarks in this action step have been completed.

- (35.6) *Increase availability of transportation services.* All benchmarks in this action step have been completed.
- Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP. See Item 35 1-6.
- Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.
- (37.1) Increase access to existing services. See item 35 1-6.
- (37.2) Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to \$2.3.2.
- Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP. This item was found to be substantially achieved.
- **Item 39:** Develops annual progress reports in consultation with stakeholders. This item was found to be substantially achieved.
- **Item 40: Coordinates services with other federal programs.** This item was found to be substantially achieved.
- **Item 41: Standards for foster family and child care institutions.** This item was found to be substantially achieved.
- Item 42: Standards are applied equally to all foster family and child care institutions. This item was found to be substantially achieved.
- **Item 43: Conducts necessary criminal background checks.** This item was found to be substantially achieved.
- Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity
- (44.1) Increase the number of resource families. Refer to P1.6.5.
- **Item 45:** Uses cross jurisdictional resources to find placements. This item was found to be substantially achieved.



PROGRAM IMPROVEMENT PLAN

QUARTER 6 PROGRESS REPORT

May 2006 - July 2006

SUBMISSION DATE:

August 29, 2006

Quarter 6 Accomplishments

The following is summary of activities completed during Quarter 6 (May 2006 to July 2006) of the Program Improvement Plan.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment

(S1.1.1) – Clarify policy regarding timeliness of initiating reports of child maltreatment. All benchmarks in this action step were met during Quarter 1.

(S1.1.2) – Increase accuracy of data regarding initial contact.

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements.

- Analysis and comparisons was conducted across all CA/N workers and CA/N units in the circuit for CY 2004 & 2005 and results distributed to circuit manager, CA/N supervisors and program managers for planning and monitoring purposes.
- Data Accuracy training is being provided to all CD staff and topics include initial contact.
- Charts on all PIP measures are updated and disseminated to all CD staff in the circuit each quarter.
- The importance of meeting the initial contact time has been stressed in staff meetings and the clarification that certain multi-disciplinary members can be counted as making those initial contacts has helped.
- The Circuit Manager pulls up the Managed Reporting Tool monthly to review the staff's members, percentage of initial contact made within 3, 24, or 72 hours and their completion rate within 30 and 45 days.
- Circuit Managers and CA/N Supervisor are utilizing a CA/N review tool on two random cases per worker per month.
- QA Specialists provide ongoing data to the Regional Director. The Regional
 Director shares the data with Managers, Supervisors and with Family Court. The
 QA Specialist provides data on how well the workers are doing in making the
 initial contact in the period by using the worker analysis provided by the Data
 Manager.
- Supervisors have been instructed to meet weekly with their staff to monitor compliance to policy. These weekly meeting are being monitored by Program Managers to ensure compliance.

(S1.1.3) – Study feasibility for alternative protocols for managing non CA/N referral. All benchmarks in this action step have been met.

- (S1.1.4) **Develop improvement plan to respond timely to reports of maltreatment.** All benchmarks in this action step have been completed.
- (S1.1.5) Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.
- g. Collected and analyzed PRR tool results for practice enhancements. Of the 1255 reviews recently conducted, 94% of the reviews were concluded in ten minutes or less. The average review time for those reviews (1183 of the 1255 reviews) was 3.2 minutes. 577 CA/Ns (comprising 1156 reviews as one CA/N was reviewed by four people) were reviewed by two or more staff while 99 were reviewed by one person. Of the 577 calls reviewed by two or more people, complete agreement was reached by the reviewers for 68% (393) of the calls reviewed. An additional 27% of the reviews had consensus on at least four of the six questions on the instrument. In the reviews of the 577 calls reviewed by two or more staff, the reviewers agree on whether the call passed or failed each individual question 80.6% (465).

The record review tool still seems to achieve the goal of being a quick to complete instrument for reviewing calls. Dual reviews (each case being reviewed by two staff) may be disbanded at this time with the concurrence of management as conformity has improved. While we had initially established a goal of 90% conformity for each question we have achieved conformity on whether a call passes or fails each particular question in excess of 89% of the time. At this time I believe staff can feel comfortable using the results of the Peer Record Reviews in the quality improvement process.

- (S1.1.6) Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.
- e. Modified proposed plan, if needed, based on recommendations of the Regional Directors. The proposed plan for information dissemination on practice changes for non CA/N calls was shared with the Regional Directors on May 31, 2006 during their monthly meeting. No additional recommendations or changes were made.
- f. Shared proposed plan with CJA taskforce. The proposed plan was shared with the CJA Taskforce at the June 14, 2006 meeting.
- g. Shared CJA taskforce recommendations with CD administration. CJA taskforce members provided limited feedback on the proposed plan. Comments include:
 - CD pays for services when other resources may be more appropriate.
 - Ensure there is a mechanism in place to assure that someone will follow up with referrals that may place a child in crisis.
 - Suggested the Children's Trust Fund provides education to general public related to prevention.

 Develop a 211 directory similar to Jackson County's United Way 211 directory. The United Way 2-1-1 is available in the extended Kansas City metro area, including 23 counties in western Missouri and eastern Kansas. Calls are answered 24 hours a day, 7 days a week by trained professionals who have immediate access to resources and information and can help callers determine which programs or services are best equipped to help.

These recommendations were shared with CD administration at the monthly executive staff meeting on July 20, 2006.

Item 2: Repeat maltreatment

(S1.2.1) – Ensure consistent and accurate completion of SDM safety and risk assessment.

- d. Evaluated SDM Peer Record Review Outcomes. The PRR results indicated that average rate of completion for the SDM Safety Assessment (CPS-1) for the second quarter of 2006 was 93 percent. Some activities associated with maintain a high completion rate includes:
 - QA Specialist gives statistical data to Regional Director on quarterly basis to show progress or lack of progress. Data is shared with Program Managers, Supervisors, and with Family Court.
 - The Circuit Self-assessment Workgroup (PET TEAMS) –CA/N 24 hour and 30 day is developing a tip sheet for CA/N Staff to locate families, along with a Tool Kit for CA/N workers to follow to expedite initial contact and completion of CA/N reports.
 - To help ensure that the initial response time frames are met on a continual basis, Supervisors and Circuit Managers will attend Hotline Supervisors Meeting facilitated by Field Support Manager. In addition, monthly Supervisor Meetings will focus on daily work activities for improved outcomes. Daily and Weekly Supervisor/Worker meetings will focus on consistent and accurate completion of SDM.
 - Investigative Supervisor will continue to monitor by using the FACES system.
 The supervisor will review the first three pages of the CSP-1 by initialing and
 signature of CSP-1A. The investigators are required to scan the 1A to the
 Investigative Supervisor for his signature within the timeframes and the FACES
 System reminders are reviewed each a.m. and sign-on by the worker and
 supervisor.

h. As needed, provided training to circuits identified with imminent need.

- SDM refresher training has been scheduled in Boone County in October, 2006. Circuit protocol continues to have supervisors monitor this with a check list along with the CA/N records.
- In Circuit 32, the CS Worker provided training on August 4, 2006 on safety and risk assessments and re-assessments.
- Circuit 21 has identified the need for SDM training. Training to be scheduled.

 Monitoring in all circuits will continue and if the need arises, training will be provided.

(S1.2.2) – Implementation of Confirming Safe Environments (CSE) process

k. Policy memo disseminated to staff. A memo was disseminated to staff enhancing visitation to address safety of children throughout their placement. See attached or review at: http://www.dss.mo.gov/cd/info/memos/2006/47/cd0647.pdf

I. Training began on policy enhancements to new and existing staff. A memo was sent to Regional Directors requesting they select regional staff to attend the Visitation Train the Trainer sessions. Children Services Specialists and supervisors attended a training held on July 26, 2006. They will be required to provide training to staff in their region. A PowerPoint presentation was developed and used during the Train the Trainer session in July. A second Train the Trainer session will be held on August 24, 2006. Attached is the PowerPoint presentation used during the training.

(S1.2.3) - Strengthen policy regarding assessment of safety at and throughout placement.

<u>e. Policy disseminated</u>. This memorandum is the third in a series to address visitation and safety. See attached or http://www.dss.mo.gov/cd/info/memos/2006/cd0663.pdf

f. Training began on policy enhancements to new and existing staff. A memo was sent to Regional Directors requesting they select regional staff to attend the Visitation Train the Trainer sessions. Children Services Specialists and supervisors attended a training held on July 26, 2006. They will be required to provide training to staff in their region. A PowerPoint presentation was developed and used during the Train the Trainer session in July. A second Train the Trainer session will be held on August 24, 2006. Attached is the PowerPoint presentation used during the training.

(S1.2.4) – Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care. All benchmarks in this action step have been completed.

(\$1.2.5) – Strength policy and practice relating to chronic neglect and accumulation of harm.

g. Developed a tool for manual tracking of CN families to be utilized throughout pilot. The attached log was developed to track information about the families involved with the pilot.

h. Met with Regional and Circuit administrators to strategize about next steps and community forums. Central Office staff continues to support regional and circuit staff in their effort in meeting with the community. Jasper, Newton and McDonald County

offices have met with Community Partners who have expressed interest in participating in the project.

<u>i. Held community forum to gain support from stakeholders</u>. Recent personnel changes in management have caused some delays in implementation. The recently appointed Circuit Manager for the 29th Circuit will continue to keep the project moving steadily forward during the transition. A community forum is scheduled for August 30, 2006

(S1.2.6) – Develop performance-based contract for foster parents.

g. Initiated PFDP for all new and reassessed foster parents. Following the dissemination of the memo, staff began using the PFDP in April and May. Staff will continue to use the PFDP for all new foster parents and existing foster parents as their license come up for renewal.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

- Item 3: Services to family to protect child(ren) in home and prevent removal
- (\$2.3.1) Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.
- <u>e. Recommendations regarding changes made.</u> The last of the training sessions were completed during February 2006. No additional training sessions have been added and no feedback solicited at this time.
- (S2.3.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement. All benchmarks in this action step have been completed.
- (S2.3.3) Improve supervisory capacity to monitor enhanced practice relating to case planning.
- g. System automation completed for supervisory case review tool. During May and June 2006, supervisors across the state were trained on the SCR process and tool, after self-scoring and data auto-population features were automated. The tool and a training Powerpoint are all available on the CD intranet.
- h. Supervisory case review tool and protocols approved and distributed for statewide use. A memo went out to all staff informing them of the SCR process in June 2006. The first sample of cases to be reviewed were sent out to each circuit manager during July 2006. http://www.dss.mo.gov/cd/info/memos/2006/cd0657.pdf
- (\$2.3.4) Establish procedures to access various service funding streams.

All benchmarks in this action step have been completed.

- (S2.3.5) Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families. All benchmarks in this action step have been completed.
- Item 4: Risk of harm to child
- (S2.4.1) Ensure consistent and accurate completion of SDM safety and assessment. Refer to S1.2.1. All benchmarks in this action step have been completed.
- (S2.4.2) *Implementation of CSE process.* Refer to S1.2.2.
- (S2.4.3) *Implement enhance background screening for foster/adopt and court ordered providers.* All benchmarks in this action step have been completed.
- (S2.4.4) Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.
- f. measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities. For the 6th Quarter (5-1-06 to7-31-06) there were two (2) POE reports compared to the three (3) POE reported in the 5th quarter.
- (S2.4.5) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns. Refer to S2.3.1.

Permanency Outcome 1: Children have permanency and stability in their living situations.

- **Item 5:** Foster care re-entries. This item was found to be substantially achieved.
- Item 6: Stability of foster care placement
- (P1.6.1) *Increase system capacity to accurately track placement kinship vendor types.* All benchmarks in this action step have been completed.
- (P1.6.2) *Improve diligent search for relatives/missing parents.* All benchmarks in this action step have been completed.
- (P1.6.3) Expand use of family support team meetings to promote stability in alternative care placements. All benchmarks in this action step have been completed.
- (P1.6.4) Identify resource family types and shortages.

- d. Circuits reported quarterly progress on recruitment activities.
 - Community events to recruit foster parents were held in May of 2006.
 - BFC training was recently held and more are planned along with Career Training.
 A PET will be developed locally to address the issues of homes needed in the area.
 - Resource Development workers continue to work on recruitment activities utilizing the Foster Parent Support Group to assist in recruitment.
 - Specialized recruitment efforts for foster home who will take the older youth population.
 - Activities to recruit resource families will be coordinated with local functions in the
 community to ensure good coverage of the area as well as a variety of
 independent activities by the circuit staff. A recruitment book will be kept to track
 activities, families who have shown interest from the activity, what follow up was
 done and the results.
 - Letters were sent to each of the churches in the area regarding the need for good families to foster the circuit's children in care.
 - Resource unit is preparing an article for various newspapers regarding the rewards of foster parenting and how there is a desperate need for these families.
 - Stars/Spaulding training is being provided bi-monthly.
 - Recruitment activities, marathon training and foster parent recognition dinners are being held in various counties.
 - PET Teams formed to focus on specific recruitment efforts each month.
 - Regular notice and information goes out to current licensed foster parents about the need for more Foster Parents and to spread the word.
 - Faith based mini conference held to promote the need for foster homes.

(P1.6.5) – *Increase number of resource families.*

g. Quarterly report on PBC contractors performance on stated child outcome on safety, permanency and stability. See for further clarification on the relationship between the performance expectations (previously sent) and PBC outcomes (attached).

i. Annual report to General Assembly regarding PBC case management, recruitment and training outcomes. See Attached.

(P1.6.6) – Increase placement stability by improving matching capabilities for children in out-of-home setting.

b. Surveyed resource families to gather information regarding placement stability. While in the process of developing a survey for resource families, we learned that regional staff were already surveying foster families. A review of the surveys was completed and an executive decision was made not to develop a statewide survey. See attached for a summary of the survey and survey tools.

(P1.6.7) – Evaluate support and training provided for relative/kinship resource families. No benchmarks due this quarter.

Item 7: Permanency goal for child

(P1.7.1) – Ensure the frequency and timeliness of FST Meetings occurs per policy.

- c. Circuit Managers assisted by PET monitored frequency data.
 - QA Specialists send overdue PPRT's to the Regional Director and managers.
 - Development of a court report form which provides uniform information to the court of all FST meetings held within the 90 days between court hearings.
 Supervisors review all court reports prior to submittal and are able to monitor and ensure that FST meetings are being conducted on each case.
 - Supervisors continue to utilize a computerized tool to assure appropriate time frames are met. This data is monitored on an ongoing basis.
 - Circuit Manager monitors frequency data.
 - The Permanency Supervisor keeps a log from the time a child comes into care on the dates not only for the court hearings/reviews but also for the FST meetings.
 - The Circuit Manager ensures these meetings are taking place by reviewing the Peer Reviews and having weekly conferences with the supervisor.
 - Each worker was required to make a list of all cases with overdue FSTMs and schedule a meeting within the next three months to get current.
 - Supervisors are discussing with workers when FST meetings are due during their weekly conference.
- (P1.7.2) *Improve quality of FSTs to ensure permanency goal is reviewed and established.* All benchmarks in this action step have been completed.
- (P1.7.3) Strengthen policy and practice relating to concurrent planning.
- c. integrated concurrent planning into Advanced FCOOHC In-service Module training and child welfare manual. The FCOOHC in-service training has two parts, Part I and Part II. The part II is delivered four weeks following part I to allow for OJT activities. See attached FCOOHC outline.
- (P1.7.4) Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations. No benchmarks are due for this quarter.
- Item 8: Reunification, guardianship, or permanent placement with relatives
- (P1.8.1) Address permanency and service needs of children in Legal Status 2, 3, and 4.
- <u>f. Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.</u> A memorandum was disseminated to staff in May 2006 to update policy

clarifying services provided to children in all legal statuses whether in CD custody or under CD supervision. See attached or view at http://www.dss.mo.gov/cd/info/memos/2006/47/cd0647.pdf.

- (P1.8.2) **Establish procedures to access various funding streams.** Refer to S2.3.4.
- (P1.8.3) *Ensure frequency and timeliness of FST Meetings occurs per policy.* Refer to P1.7.1. All benchmarks in this action step have been completed.
- (P1.8.4) *Improve quality of FST to assure the review of permanency goal.* Refer to P1.7.2.
- (P1.8.5) Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings consistent with state and federal regulations. Refer to P1.7.4. All benchmarks in this action step have been completed.
- (P1.8.6) Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities. All benchmarks in this action step have been completed.
- (P1.8.7) Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. All benchmarks have been completed for this action step.
- (P1.8.8) Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7. Refer to P1.6.1.

Item 9: Adoption

(P1.9.1) – *Termination* of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.

f. Quarterly monitoring by PRR.

- Circuit Managers will monitor the Peer Reviews to see that timely TPR's are being completed.
- Ongoing dialog between the Juvenile Office and the CD to assure timely filing of the TPR's.
- Supervisors will monitor timely documentation of compelling reasons.
- DLS Attorney continues to assist staff with monitoring length of time in AC as well as filing TPR petitions or Compelling Reasons.
- Promoting more timely filing of TPR and guardianships by creating a plan to routinely schedule case review staffings with Legal Services and Case Managers.

- g. Incorporated into Advanced FCOOHC In-service module training. The FCOOHC inservice training has two parts, Part I and Part II. The part II is delivered four weeks following part I to allow for OJT activities. See attached P1.7.3.c FCOOHC outline.
- (P1.9.2) *Increase number of resource families.* Refer to P1.6.5.
- (P1.9.3) *Increase capacity to conduct home studies and finalize adoptions.* All benchmarks have been completed for this action step.
- (P1.9.4) Improve access to legal representation for CD staff.
- e. CD legal representation at court hearings monitored by CD/DLS joint committee for improvement. The joint committee in conjunction with OSCA met and discussed reintroducing the 2007 legislative proposal that will require petitions for Termination of Parental Rights to be filed within 60 days of a judicial determination in certain instances.

Item 10: Other planned living arrangement

- (P1.10.1) *Increase number and quality of resource families for older youth.* All benchmarks in this action step have been completed.
- (P1.10.2) Increase awareness of Chafee program services to staff and community members.
- e. ILP staff provided Chafee informational meetings, seminars, workshops to CD Staff, foster parents, juvenile court and youth serving agencies.
 - A Presentation was made to CJA Taskforce during their quarterly meeting in June 2006.
 - Shared with CD staff the award of ETV administration to Orphan Foundation of America
 - Family Centered Out of Home Care Core In-Service Training for supervisors in the 5th Circuit. This training included information about "preparing youth for adult living".
- (P1.10.3) Increase program accessibility to prove life skills training services for older youth.
- c. Consulted with SYAB members on needs of older youth. A quarterly meeting was held with youth to solicit their input on June 10-11, 2006. The Chair of the SYAB serves on the PIP Advisory Committee where her input is greatly valued by committee members.

Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.

Item 11: *Proximity of foster care placement.* This item was found to be substantially achieved.

Item 12: Placement of Siblings.

(P2.12.1) – Increase the number of siblings placed together.

- c. Circuit Managers monitored quarterly PRR results and improvement plans developed.
 - All FP workers fill out sibling review forms with their supervisor.
 - Investigators, at the time of removal, will advocate for relative placement to keep siblings together.
 - Development Specialist continually emphasize to our present foster parents the importance of keeping siblings together and recruit foster parents who will be willing and licensed to take in sibling groups.
 - Foster Parents' Development Plans will reflect the foster parents' willingness to assist and cooperate in seeing that siblings placed in their home have regular visits.
 - Staff are attending training called "Sibling Split" training that was organized for the Northern Region.
 - Cases where siblings are not placed together are discussed in supervisor/worker conferences. Supervisors then discuss with Circuit Managers to review efforts made by staff to place siblings together.
- f. Policy disseminated to staff on FST. A memo was disseminated to staff on policy enhancements to the Child Welfare manual addressing preserving the bond and connection between siblings through placement and on-going family visitation. See attached or view at http://www.dss.mo.gov/cd/info/memos/2006/cd0650.pdf
- g. Developed supervisory sibling case review process to review cases after siblings are separated after 30 days. Staff was provided instructions on how to conduct sibling administrative reviews through the above memo.

P2.12.2) – Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.

h. Emphasis on the importance of sibling bonds, long term effects of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-service training module. The preservation of a child's relationship with siblings is essential to the child's permanency and well being. If siblings can not be placed together, every effort is made to ensure visitation occurs. This philosophical base of child welfare practice is espoused throughout BASIC and in service training for staff. It was included in FCOOHC in-service and staff began receiving training during June 2006. It was addressed in conjunction with OSCA through the video teleconferencing in May 2006. It is also addressed in the Train-the Trainer Visitation training with staff and foster parents in July and August 2006.

- (P2.12.3) *Increase* capacity for resource families that accept sibling groups. *Refer to P1.6.5.*
- Item 13: Visiting with Parents and Siblings in foster care.
- (P2.13.1) Increase frequency and quality of parent/child and sibling visits.
- c. Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff. Policy revision on visitation has been incorporated into BASIC and the Train-the-Trainer Visitation training sessions will provide selected staff with information to use with local staff and foster parents.
- d. Incorporated revisions into PRR tool. See attached revised PRR tool.
- Item 14: Preserving connections.
- (P2.14.1) Increase emphasis on preserving familial and community connections for children in out of home care. All benchmarks in this action step have been completed.
- (P2.14.2) *Improve diligent search for relatives/missing parents.* Refer to P1.6.2. All benchmarks in this action step have been completed.
- (P2.14.3) **Revise ICWA policy.** All benchmarks in this action step have been completed.
- Item 15: Relative Placement.
- (P2.15.1) Increase system capacity to accurately track placement kinship vender type. Refer to P1.6.1.
- (P2.15.2) *Improve diligent search for relatives/kinship resource families.* Refer to P1.6.2. All benchmarks in this action step have been completed.
- (P2.15.3) Evaluate support and training provided for relative/kinship resource families. Refer to P1.6.7.
- Item 16: Relationship of child in care with parents.
- (P2.16.1) *Improve diligent search for non-custodial parent.* Refer to P1.6.2. All benchmarks in this action step have been completed.
- (P2.16.2) Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver

(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to \$2.3.2.

Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs

- Item 17: Needs and services of child, parents, and foster parents.
- (WB1.17.1) Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to \$2.3.1.
- (WB1.17.2) Strengthen worker's skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.
- (WB1.17.3) Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to \$1.2.2.
- Item 18: Child and family involvement in care planning
- (WB1.18.1) *Maximize parental/family participation in Family Support Team Meeting.* Refer to S2.3.2.
- (WB1.18.2) Improve the quality of Family Support Team Meeting. Refer to P1.7.2.
- (WB1.18.3) Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.
- d. Solicited consumer feedback on parent handbook. The Handbook was sent to six circuits across the state to be piloted. Feedback was gathered from staff in these circuits and surveys were provided for parents to complete. There has been very limited response from parents concerning the handbook. Staff have provided feedback based on their observations and interaction with parents.
- Staff believe it is due in part that parents are so overwhelmed with the amount of papers that we already give them (plus court appearances, etc.) at this stressful time in their life when children are being removed from the home, that adding more papers may be too much for them.
- Giving the handbook at the initial contact was overwhelming for most families and they seem to not care about reading it or have questions. Perhaps at the 30 day FST when we know CD will retain jurisdiction would be a better time to give them

- the handbook. But I see that initial removal information would be very helpful but the parents are not reading it.
- One mother was willing to sit down with the worker to go over the handbook together. The mother was glad to get it and thought it was informative. The mother said it gave her a place to keep all the paperwork related to the case, and she was glad to list all participants and phone numbers.
- Some foster parents like it because they can keep a folder on each child.
- We added a letter to the parent asking them to bring certain things to the 72 hour meeting, such as, Medicaid card, immunizations record, Social Security card, etc. We also added the CS-99. We like the handbook. Looks more professional than what we had previously.
- <u>e. Developed policy to all staff and supervisory oversight</u>. A policy memorandum, introducing the parent handbook has been developed pending administrative approval for dissemination to staff.

Item 19: Worker visits with Child - Improve quantity and quality

- (WB1.19.1) Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.
- <u>f. Policy disseminated to staff</u>. This memorandum is the third in a series to address visitation and its impact on reunification and preserving and maintaining family ties. See attached (S1.2.3.e) or view at http://www.dss.mo.gov/cd/info/memos/2006/cd0663.pdf.
- g. Training began on policy enhancements staff and foster parents. Visitation training began with two train-the-trainer sessions. The selected trained staff and foster parents will provide this training locally on an as needed basis.
- h. Utilize Practice enhancement Teams (PET) to support protocols. Central Office staff and local PETs are available to assist staff and foster parents in the Visitation training and the use of the various visitation checklists.

WB1.19.2) – Increase policy compliance for frequency of worker visits for intact and out-of-home cases.

- a. Achieved progress in caseload equalization by developing quarterly circuit workload reports.
 - Home Visit tool developed locally and then created statewide improved number and quality of visits.
 - Alternative Care and Family Centered Services staff provides supervisors with the case load reports at the beginning of each month.
 - Excel spreadsheet is in place to equalized caseloads.
 - Monthly Staffing analysis is completed and case loads assignment is constantly monitored on a dry erase board and cases adjusted and assigned accordingly.

- Circuit maintained practice in monitoring caseload equalization though "End of the Month Reports" that are submitted to Circuit Manager by every work unit.
 Supervisors and Office Managers use this report regularly to assign new cases to workers in their units and buildings instead of using a worker rotation method.
- Workers are using the CD-82, Checklist for Worker/Child Visits that focus on the quality and relationship building in relation to those visits.
- Staff are reporting every 90 days their visitation schedule, amount and content to the court.
- The SCRT will help identify issues in this area.

(WB1.19.3) - Tracking system to track worker visits (date/site) -

- c. PET teams annually analyzed family satisfaction survey data. See attached family satisfaction survey analysis.
- d. Worked with ITSD staff to include worker visit information (with child, parents, foster parents) and sibling visits in the Outcomes Reports when converted to SACWIS. Central Office staff met with contracted ITSD staff on several occasion during May to request and explain business needs of adding the ability to track worker/parent/child/visits.

Item 20: Worker visit with parent(s)

- (WB1.20.1) Strengthen worker relationships with biological or adoptive parents.
- a. Protocols established in WB1.19.1 g included in all resource parent training. Foster and adoptive parents were invited and included in the Visitation Train-the-Trainer sessions held in July and August 2006.
- (WB1.20.2) Refer to WB1.19.1, WB1.19.2 and WB1.19.3

Well Being Outcome 2 – Children receive services to meet their educational needs

- Item 21: Children receive appropriate services to meet their educational needs
- WB2.21.1) Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts. All benchmarks in this action step have been completed.
- (WB2.21.2) *Improve the flow of educational records and reports when children transfer schools.* All benchmarks in this action step have been completed.
- (WB2.21.3) Decrease the incidence of educational neglect, truancy and suspension of children in care. All benchmarks in this action step have been completed.

(WB2.21.4) – Decrease the incidence of educational neglect, truancy and suspension of children for intact families. All benchmarks in this action step have been completed.

Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs

Item 22: Physical health of the child

- (WB3.22.1) Increase ability of Children's Division staff and families to access available dental resources. All benchmarks in this action step have been completed.
- (WB3.22.2) Increase capacity of staff to assess medical needs of children in intact families. All benchmarks in this action step have been completed.

Item 23: Mental health need of the child

- (WB3.23.1) Increase the ability of Children's Division staff and families to access available mental health resources. All benchmarks in this action step have been completed.
- (WB3.23.2) Increase awareness of staff and foster parents regarding attachment and mental health issues. No benchmarks due this quarter.
- (WB3.23.3) Increase capacity of staff to assess mental health needs of children in intact families. No benchmarks due this quarter.

Systemic Factors

- Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care. This item was found to be substantially achieved.
- Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions
- (25.1) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Refer to \$2.3.1.
- (25.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent

- caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.
- (25.3) Improve supervisory capacity to monitor practice linking the assessment with the overall plan. Refer to S2.3.3.
- (25.4) Maximize parental/family involvement in Family Support Team Meetings. Refer to P1.6.2.
- (25.5) Improve staff facilitation skills for Family Support Team Meetings.
- c. Advanced FST Skill application integrated into advanced Family Centered Out-of-Home Services In-service module. Part I of the FCOOHC in-service training module provides staff with knowledge and skills for improving FST facilitation. See attached FCOOHC outline.

Item 26: Process for 6-month case reviews

- (26.1) Revised current policy to clarify an Administrative Review and requirements. All benchmarks in this action step have been completed.
- (26.2) **Recruit 3rd party participants for Administrative Reviews.** All benchmarks in this action step have been completed.
- (26.3) Increase ability to track 6 month Administrative Reviews separately from **FSTs.** All benchmarks have been completed in this action step.
- Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
- (27.1) *Improve access to legal representation for CD.* Refer to Pl.9.4. All benchmarks have been completed in this action step
- (27.2) *Implement training to develop testifying skills for CD staff.* All benchmarks in this action step have been completed.
- (27.3) Increase the timeliness of 12 month Permanency Hearings. All benchmarks in this action step have been completed.
- (27.4) Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations. Refer to P1.7.4. All benchmarks in this action step have been completed

- Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.
- (28.1) *Improve access to legal representation for CD.* Refer to P1.9.4. All benchmarks in this action step have been completed
- (28.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to \$2.3.2.
- (28.3) Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented. Refer to P1.9.1.
- (28.4) *Improve diligent search for relatives/ parents.* Refer to P1.6.2. All benchmarks in this action step have been completed
- (28.5) Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required.
- <u>d. Advocated for proposed legislation</u>. See the attached 2007 legislative proposal to ensure consistency with AFSA requirements.
- Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.
- (29.1) Increase ability of foster parents to be notified of and heard in court. All benchmarks in this action step have been completed.
- Item 30: Standards to assure quality services and ensure children's safety and health This item was found to be substantially achieved.
- Item 31: Identifiable QA system that evaluates the quality of services and improvements This item was found to be substantially achieved.
- Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge This item was found to be substantially achieved.
- Item 33: Ongoing training for staff
- (33.1) Develop supervisory training for front line supervisors.

- m. Professional Development and Training implemented curriculum statewide. New clinical supervisor training began statewide during July 2006.
- (33.2) **Develop advanced in-service training module for investigations and assessment.** All benchmarks in this action step have been completed.
- (33.3) **Develop advanced in-service training module for Family-Centered Services.** No benchmarks due this quarter.
- (33.4) Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.
- h. Professional Development and Training implemented revised Family-Centered Out-of Home Care Services advanced in-service training statewide. The FCOOHC in-service training has two parts, Part I and Part II. The part II is delivered four weeks following part I to allow for OJT activities. See attached FCOOHC outline.
- (33.5) Enhanced On-The-Job (OJT) Training.
- g. Supervisors commented on the skills/guide list. Supervisors commented on the skills/guide list beginning May 26- June 30 2006. Feedback was gathered from June 30th through July 17th. See attached comments from supervisors.
- h. Skills guide modified after comment periods. Based on the feedback, revisions were made to the skills guide July 17th through July 25th. The completed, final revised draft was submitted on July 26, 2006. See attached draft revisions to the skills guide.
- (33.6) Create training advisory committee to annually assess needs and evaluate training No benchmarks due this quarter.
- d. Advisory Committee developed a written plan for evaluating training needs. Although this benchmark has a renegotiated due date of November 2006, this following information is being provided as requested.

The training advisory committee members are confirming their participation for the first proposed meeting to be held either October 12th or the18th. The purpose of this meeting will be to examine the effectiveness of the agency's training, review trends, patterns and staff needs, etc. based on the current training plan and structure. The advisory committee will begin to develop a mission statement and define how better to assess needs and evaluate the agency's training.

- (33.7) **Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff**. All benchmarks in this action step have been completed.
- (33.8) **Provide training based on circuit specific needs.** All benchmarks in this action step have been completed.

Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge. This item was found to be substantially achieved.

Item 35: Service array

- (35.1) *Increase access and availability to dental services.* Refer to WB3.22.1. All benchmarks in this action step have been completed.
- (35.2) Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA)
- f. Completed three additional Family, Drugs and Safety trainings across the state. After the field test was conducted in November 2004, three additional training were provided: November 8 10, 2004 in Arnold; March 9 11, 2005 in Kansas City; July 12 14, 2006 in St. Joseph.
- (35.3) Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children. Refer to P1.6.5.
- (35.4) Increase availability of and access to parenting classes and family/parent aide services. All benchmarks in this action step have been completed.
- (35.5) *Increase services to meet the needs of non-English speaking consumers.*All benchmarks in this action step have been completed.
- (35.6) *Increase availability of transportation services.* All benchmarks in this action step have been completed.
- Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP. See Item 35 1-6.
- Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.
- (37.1) *Increase access to existing services.* See item 35 1-6.
- (37.2) Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.
- Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP. This item was found to be substantially achieved.

Item 39: Develops annual progress reports in consultation with stakeholders. This item was found to be substantially achieved.

Item 40: Coordinates services with other federal programs. This item was found to be substantially achieved.

Item 41: Standards for foster family and child care institutions. This item was found to be substantially achieved.

Item 42: Standards are applied equally to all foster family and child care institutions. This item was found to be substantially achieved.

Item 43: Conducts necessary criminal background checks. This item was found to be substantially achieved.

Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity

(44.1) – Increase the number of resource families. Refer to P1.6.5.

Item 45: Uses cross jurisdictional resources to find placements. This item was found to be substantially achieved.



PROGRAM IMPROVEMENT PLAN

QUARTER 7 PROGRESS REPORT

August 2006 – October 2006

SUBMISSION DATE:

December 6, 2006

Quarter 7 Accomplishments

The following is summary of activities completed during Quarter 7 (August 2006 to October 2006) of the Program Improvement Plan.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment

(S1.1.1) – Clarify policy regarding timeliness of initiating reports of child maltreatment. All benchmarks have been completed for this action step.

(\$1.1.2) – Increase accuracy of data regarding initial contact.

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements. Ongoing.

- Supervisors in individual or group consultation stress the importance of meeting the 24 hour contact.
- Increase use of multidisciplinary team members and supervisors making sure workers are making multiple attempts within the 24 hour timeframe.
- Investigation supervisors continue to monitor PRR results and outcome measure to identify possible trends and develop action plans to address these trends.
- Circuit Managers review data to ensure that response time requirement is being met on a consistent basis. The importance of making initial contacts within the timeframes requirements will be addressed with the Investigation workers.
- Circuit Managers monitor peer record reviews and random reviews of each worker's hotline calls.
- Circuit Manager develops plan for identifying areas of need. These areas will be discussed with supervisory staff and a plan for improvement will be established as appropriate.
- Reports are reviewed in management and staff Meetings. Areas needing improvement are problem solved as a team.
- In addition to improvement plans, supervisor will begin tracking non-compliance and address with each worker as necessary.
- Use case readings, the PRR and weekly case staffing of open CA/Ns with each investigator to determine timely contact.
- QA Specialist provides statistical data to Regional Director on a monthly basis to be shared with program managers, supervisors and Family Court.
- Analyze how SACWIS may be negatively impacting outcomes. Performance has decreased for the past two quarters.

(S1.1.3) – Study feasibility for alternative protocols for managing non CA/N referral. All benchmarks have been completed for this action step.

- (S1.1.4) **Develop improvement plan to respond timely to reports of maltreatment.** All benchmarks have been completed for this action step.
- (S1.1.5) Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.
- g. Collected and analyzed PRR tool results for practice enhancements. Ongoing The attached PRR results are for July, August, and September 2006 at the Child Abuse and Neglect Hotline. The Hotline staff continued to conduct duplicate PRR reviews (each PRR reviewed by two staff) during the months of July and August in order to measure conformity among hotline staff and to assure that the PRR tool results were reliable to use in the quality improvement process. In August 2006, the management analyst recommended dropping the dual reviews beginning in September, after her analysis revealed that the conformity level had reached 98.4%, 94.3%, 96%, 91.2%, 89.1%, and 99.5%, respectively, on the six items being measured.

There were 1287 peer record reviews completed during the 3rd quarter of 2006, which is approximately 10% of the total CA/N reports taken at the hotline during that quarter. The reviews were completed by approximately 45 Children's Service Workers at the hotline. The PRR results indicate an accuracy level of 98%, 97%, 97%, 98%, 95%, and 100% respectively on the six items measured on the PRR tool (see attachment), with an average accuracy level of 97.5%. These 3rd quarter outcomes verify that hotline workers are consistently making call decisions/classifications at a very high accuracy level.

(S1.1.6) – Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.

h. Policy changed for CANHU on the screening process for non CA/N calls if needed.
i. If needed, training provided to CANHU staff on modified protocol changes.
j. Notified known mandated reporters and other professional organizations on practice changes.

We are requesting renegotiation of these benchmarks. Missouri has, by policy, accepted calls to the Child Abuse and Neglect Hotline Unit that do not rise to the statutory definition of child abuse and neglect. It is evident from the CFSR final report the stakeholders do not have a good understanding of the differences between the alpha referrals and CA/N reports. Calls made to the Child Abuse or Neglect Hotline that do not meet the statutory requirement of a CA/N Report mostly fall into the Non-CA/N Referral category. Response to a referral may involve varied contacts and responses. These responses range from a single contact with the reporter to the actual removal of a child. County staff will record and enter into the CA/N automated system actions taken by the worker. These actions may include:

- Contact with the reporter, shared information;
- Call/contact with the family only;
- Home visit with the family;
- Call/contact with law enforcement/juvenile office;
- Contact with Bureau of Special Health Care Needs (BSHCN);
- Children's Division linkage of family to community resources;
- Result in open FCS case;
- Result in formal CA/N report;
- Result in formal CA/N report due to adverse affect on other household children who were not originally listed on referral;
- Collateral contact;
- Meeting with parent and child at hospital;
- Child taken into custody placed in Alternative Care for safety issues; non-CA/N situation (parent is incapacitated due to illness or mental health concerns); child beyond parental control.

There is no specific policy that addresses timeframes for initial contact for Non-CA/N referrals, except Mandated Referrals (M). Staff will contact the mandated reporter within three (3) working days or the next working day on a referral received on the weekend or holiday, unless information indicates an emergency situation. A Newborn Crisis Assessment (A) is completed immediately prior to the newborn's release from the hospital. Actions are taken by county staff assigned to complete any of the Non-CA/N referrals within 30 days of the receipt of the referral.

The below revised benchmarks address what CD has done in the past two years in providing information/training to community partners.

a. Revised and provided training as needed to community partners on differences between CA/N reports and non-CA/N (Mandated Reporter) related Alpha referrals. See the attached PowerPoint presentation used to provide training to mandated reporters and other community partners.

b. Local staff presented training to school personnel as requested. Local staff provided this training as requested to schools prior to the new school year.

h. Shared proposed plan with and provide (mandated reporter) training to CJA taskforce. This training was provided to the CJA Taskforce during a quarterly meeting when they were reviewing the proposed plan for information dissemination on practice changes regarding non-CA/N call.

j. CD continued to accept non CA/N referrals. The Children's Division has made a decision to continue responding to these non CA/N referrals per the recommendation of the CJA Taskforce and other community partners.

k Continued to provide mandated reporter training to MO Hospital and School Counselors Associations. Projected due date: Nov. 06. Information will be provided on this benchmark in quarter 8.

Item 2: Repeat maltreatment

(\$1.2.1) – Ensure consistent and accurate completion of SDM safety and risk assessment.

d. Evaluated SDM Peer Record Review Outcomes. Ongoing

- h. As needed, provided training to circuits identified with imminent need. Ongoing
 - Office staff will be receiving SDM training as part of COA training. This will give staff consistent information and re-emphasize value.
 - CS Specialist will provide brief in-service training regarding the importance of data regarding SDM at every peer record review.
 - The need for training will be evaluated after data is reviewed. Problematic statistics will be identified and review will be made at the following staff meeting. There will also be a consultation with CSSI and workers advising of items of concern.
 - Training on the SDM was provided to investigators by a local CSSI at a circuit meeting.
 - Circuit Managers and PET Team monitor this issue on a monthly basis.
 - Outcomes reports are reviewed by management in staff meetings and at individual levels starting with the current review period.
 - Updates and changes are made as needs are identified through the PRR.
 Weekly supervisor consultations will help address this also.
 - Supervisors are encouraged to use SCRT data and discuss with staff during weekly meetings.
 - Ongoing data accuracy training provided by QA Specialist; OJT trainer provides ongoing SDM training to new workers.
- (S1.2.2) *Implementation of Confirming Safe Environments (CSE) Process.* All benchmarks have been completed for this action step.
- (S1.2.3) Strengthen policy regarding assessment of safety at and throughout placement. All benchmarks have been completed for this action step.
- (S1.2.4) Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care. All benchmarks have been completed for this action step.
- (\$1.2.5) Strength policy and practice relating to chronic neglect and accumulation of harm.
- i. Held community forum to gain support from stakeholders. i Initiated pilot.

Jasper, Newton and McDonald Counties (29th & 40th Circuits) held a Community Forum on August 30, 2006. The overall reaction from the community was very positive with many partner agencies, such as the Jasper County Health Department and School District offering to donate services. However, due to staffing changes, the 29th circuit did not begin implementing the pilot until November 20, 2006. They are screening both new child abuse/neglect reports as well as current Family-Centered Services cases (which includes cases that have been opened greater than 10 months.) The 40th circuit began implementing the pilot on September 20, 2006.

A subsequent Community Forum was held in the 40th circuit on November 15, 2006, to share how the program was developed, implemented, and is currently working. Newton and McDonald County staff presented the program, which included perspectives from traditional Family-Centered Services and Intensive In-home Services staff who shared information regarding their programs and how the pieces fit together to make a more effective cadre of available services.

The McDonald County School District and Juvenile Office participated in the Community Forum for the first time. Again, many agency partners brainstormed on 40th circuit resources. The School District Administrator was very interested in offering needed educational services as they arise. The 40th circuit will be holding a subsequent Community Forum in the spring of 2007 to share the status of the project.

(\$1.2.6) – Develop performance-based contract for foster parents.

g. Initiated PFDP for all new and reassessed foster parents. Staff continue to use the PFDP for all new foster parents and existing foster parents as their license come up for renewal.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

- Item 3: Services to family to protect child(ren) in home and prevent removal
- (\$2.3.1) Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.
- e. Recommendations regarding changes made. There are currently no plans for additional training sessions due to the CD-14 being fully integrated into the basic training curricula for new workers. Designated Children's Services specialists in each region were trained to provide ongoing assessment and support for field staff on the case assessment and case planning process. The state is currently satisfied with this tool and will no longer report quarterly on this benchmark.
- (S2.3.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent,

caregiver and child involvement. All benchmarks have been completed for this action step.

- (S2.3.3) *Improve supervisory capacity to monitor enhanced practice relating to case planning.* All benchmarks have been completed for this action step.
- (S2.3.4) **Establish procedures to access various service funding streams.** All benchmarks have been completed for this action step.
- (S2.3.5) Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families. All benchmarks have been completed for this action step.

Item 4: Risk of harm to child

- (S2.4.1) Ensure consistent and accurate completion of SDM safety and assessment. Refer to S1.2.1. All benchmarks in this action step have been completed.
- (S2.4.2) *Implementation of CSE process.* Refer to S1.2.2. All benchmarks have been completed for this action step.
- (S2.4.3) *Implement enhance background screening for foster/adopt and court ordered providers.* All benchmarks in this action step have been completed.
- (S2.4.4) Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.

f. measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities. Ongoing. This quarter under review finds a rise to eight POE CA/N reports, involving eight licensed residential child care agencies. Each agency developed a corrective action plan for each incident. Employees of these facilities were immediately terminated with the exception of one resignation. The four core principles of the Culture of Care curriculum are youth development, collaboration, culture competence, and permanent connections. It is speculated that most and perhaps all of the above agencies use the Culture of Care curriculum to a certain extent, some more than others. Certainly, if staff fully embraced the core principles of the training, it would help to prevent CA/N. However, it is also clear that, in the incidents, licensed residential child care agency staff made a conscious choice to violate statue, rule, and policy and engage in prohibited behavior, resulting in CA/N reports and findings.

(S2.4.5) – Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns. Refer to S2.3.1. All benchmarks have been completed for this action step.

Permanency Outcome 1: Children have permanency and stability in their living situations.

- **Item 5:** Foster care re-entries. This item was found to be substantially achieved.
- Item 6: Stability of foster care placement
- (P1.6.1) *Increase system capacity to accurately track placement kinship vendor types.* All benchmarks have been completed for this action step.
- (P1.6.2) *Improve diligent search for relatives/missing parents.* All benchmarks have been completed for this action step.
- (P1.6.3) Expand use of family support team meetings to promote stability in alternative care placements. All benchmarks have been completed for this action step.
- (P1.6.4) *Identify resource family types and shortages.*
- d. Circuits reported quarterly progress on recruitment activities. Ongoing
 - Continue to use monthly report to track application and licensing status of resource homes.
 - Hiring of new recruitment worker to develop method of tracking results of recruitment activities.
 - Additional staffing as licensing/resource workers hired for recruitment efforts.
 - Working with a regional task force to develop a plan for recruitment.
 - A display board will be used at community fairs and churches to provide information about foster parenting.
 - Fliers sent to area business, a booth at Wal-mart, and weekly festivals.
 - Sent fliers to local churches, fliers sent to elementary schools, bookmarks distributed at the library and church bulletin inserts.
 - Placing posters at various locations with information about becoming foster parent and have a feature completed on a local TV station.
 - Created a recruitment committee to address recruitment to address recruitment issues.
 - Continually encourage foster parents to recruit friends and family as respite providers in order to "try out foster parenting".
 - Utilizing foster parents as recruiters focusing within churches.
 - Continue to participate in Wendy's adoption program, "For Your Life" and the state Heart Gallery program.
 - Continue to collaborate with the Council of Churches recruitment efforts in local churches.
 - Recent implementation of a licensing unit to help with specialized recruitment.

(P1.6.5) – *Increase number of resource families.*

g. Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability. The attached Excel report provides the preliminary cumulative information on progress of PBC contractors toward achieving the required outcomes. When the reconciliation process is complete and an update will be made available.

(P1.6.6) – Increase placement stability by improving matching capabilities for children in out-of-home setting.

- c. Developed a placement matching tool designed for use in team decision making. d. Tool disseminated with instructions.
- e. Tool incorporated into BASIC training and supervisory oversight provided to existing staff.

We are requesting to renegotiate the above remaining benchmarks. See below proposed benchmarks.

c. Convened stability workgroup to meet with NRC FCP-PP to identify issues impacting stability.

d. Stability workgroup identified and began to develop work plan areas to improve. The Stability workgroup met with the NRC consultant on August 23, 2006 and began identifying barriers associated with placement stability in Missouri. The consultant provided the group with information on how to be successful in achieving placement stability through lessons learned from other states. Finally, the group identified areas to improve and developed subgroups to concentrate on the five problematic areas and the expected deliverable. They include:

Improved Respite Options

- Review the respite policy and make recommendations regarding language improvement
- Approach to assessing existing resource families/kin caregivers to become respite providers to build capacity
- o Address the barriers such as background checks (\$50.95 fee) or others
- o Explore partnership with the respite care association regarding education

Kinship Care Practices and Policies

- Policies that tribute to barriers to placement with kin/relatives
- Determine of there are policies that may contribute to multiple placements make recommendations for changes in language
- o Assess if practice is clear and enables workers to get to a permanency outcome?
- Should we implement an assessment of protective capacity?

Pre-placement Options

o Assessment of what is already happening in the state—is it successful? Why or

- why not? Other state experiences? Age groups? Which placement?
- Design of an approach (preparation) to the pre-placement process:
- o teen questions/process
- o resource family questions/process
- o birth family questions/involvement
- Dealing the results/reactions

• Support of Resource Families/Kin

- Address and develop recommendations to change the Levels of care process
- Develop an assessment process for resource family needs and child needs (in process)—this would include assessment of the family's ability to meet the child's racial and ethnic identity issues:
- Design specific strategies for worker to wrap services around the child and the resource family—MATCHING services and supports to the needs identified.
- Ongoing assessment
- o Birth parent mentoring
- o Early identification of problems that may result in disruption
- o South Dakota approach?

Supervisor –Worker Development Issues

- o Cultural identity issues (integrated into practice and training)
- o Worker knowledge on preventing placement disruption
- Worker understanding of kinship care –and family realignments and roles/tension and mitigation of conflict (blended family approach)
- Worker understanding of their advocacy positions (with resource families, with kin and with residential care)
- Supervisory practices to support child stability
- e. Central Office staff analyzed Outcomes Reporting data to determine circuits needing additional supports to improve stability for children. Projected due date: Nov. 06
- f. Conference calls scheduled with circuits needing additional supports. Projected due date: Dec. 06.
- g. Scheduled target case reviews with circuits needing additional supports. Projected due date: Jan. 07
- h. Circuits proved monthly report to Central Office on reasons for continued placement instability. Projected due date: Jan. 07 & Ongoing.
- (P1.6.7) Evaluate support and training provided for relative/kinship resource families.
- c. Based on curriculum modifications, training began to be delivered to newly licensed relative/kinship providers. Additional changes were made to the Kinship training curriculum which required another review and delayed the approval process. The

curriculum was approved and finalized in October 2006. The curriculum is currently being printed at the Office of Administration, State Printing. We anticipate the curriculum and an announcement memorandum to be disseminated to staff in January 2007. See the attached Table of Content for the Kinship Care training.

Item 7: Permanency goal for child

(P1.7.1) – Ensure the frequency and timeliness of FST Meetings occurs per policy.

c. Circuit Managers assisted by PET monitored frequency data. Ongoing.

- Supervisors provide staff with 30 day reminder notices to schedule meetings during unit meetings.
- Practice Enhancement Team (PET) convened to identify continued barriers and to discuss developing action plan to increase timeliness of meetings and system entry documentation.
- CS Specialist recruiting and training third party reviewers.
- Identify barriers to why invited community representatives fail to attend or why meetings have to be rescheduled.
- Supervisors review all court reports prior to submittal and are able to monitor and ensure the FST's are being conducted timely.
- Circuit Managers assisted by PET monitor frequency data. The supervisor is having weekly conferences with workers to remind them about entering FST information into computer.
- Supervisors track FST due dates through a recently developed spreadsheet and send reminders to staff.
- The CM and supervisor are monitoring this through weekly case consultations and the PPRT tool created by the QA Specialist.
- Supervisor will have weekly training with staff to implement case load charts and compile a monitoring plan to keep track of FST and PPRT meeting dates.
- FST/PPRT Workgroup continues to meet nearly every month to maintain viable pool of objective 3rd party reviewers for use by staff.

(P1.7.2) – *Improve quality of FSTs to ensure permanency goal is reviewed and established.* All benchmarks have been completed for this action step.

(P1.7.3) – **Strengthen policy and practice relating to concurrent planning.** All benchmarks have been completed for this action step.

(P1.7.4) – Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.

f. Training implemented by CD/OSCA to include concurrent planning training. Ongoing, twice per year.

On May 1, 2006, the Office of State Courts Administrator and the Children's Division held a joint video teleconference (VTC) on concurrent planning. Employees of the

Children's Division and juvenile courts (judges and juvenile officers) were invited to attend at one of six locations around the state for the six hour training. A total of 111 people attend the VTC in the various locations. Janyce Fenton of the National Resource Center for Family Centered Practice and Permanency Planning delivered the bulk of the training from her location in New York. Ms. Fenton's presentation focused on defining concurrent planning, working with biological and foster families, best practices in concurrent planning, and the long term outcomes that could occur as a result of the process. A panel of individuals from the Children's Division then discussed how Missouri approaches concurrent planning and the sibling issues that can arise when looking for permanent alternative placement. Each circuit then worked on developing a strategy for implementing concurrent planning and reported their plans and concerns prior to the conclusion of the training.

- Item 8: Reunification, guardianship, or permanent placement with relatives
- (P1.8.1) Address permanency and service needs of children in Legal Status 2, 3, and 4. All benchmarks have been completed for this action step.
- (P1.8.2) **Establish procedures to access various funding streams.** Refer to S2.3.4. All benchmarks have been completed for this action step.
- (P1.8.3) Ensure frequency and timeliness of FST Meetings occurs per policy. Refer to P1.7.1. All benchmarks in this action step have been completed.
- (P1.8.4) *Improve quality of FST to assure the review of permanency goal.* Refer to P1.7.2. All benchmarks have been completed for this action step.
- (P1.8.5) Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings consistent with state and federal regulations. Refer to P1.7.4. All benchmarks have been completed for this action step.
- (P1.8.6) Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities. All benchmarks have been completed for this action step.
- (P1.8.7) Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. All benchmarks have been completed for this action step.
- (P1.8.8) **Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.** Refer to P1.6.1. All benchmarks have been completed for this action step.

Item 9: Adoption

(P1.9.1) – *Termination* of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.

f. Quarterly monitoring by PRR. Ongoing

- Monthly case reviews are being conducted with DLS Attorney on TPR and guardianship cases and on cases that are less than 30 days old.
- Monitored through FST's and follow up with the DJO to ensure this is being completed timely.
- Circuit managers and supervisors have regulars discussions with court personnel, JO's and GAL's to encourage following of policy and ASFA guidelines on filing.
- Once TPR is recommended, a packet is completed and sent to DLS and local JO for review and further actions. This is required to be completed within 30 days of the PPRT where the goal is decided.
- Circuit Manager and Supervisors met with the Juvenile Office and developed a
 protocol to ensure timely TPR. Within 30 days after the goal is changed, CD
 would have the TPR summary to the Juvenile Office Attorney. JO Attorney
 would file the petition 30 days after receiving the CD Summary.
- Supervisor will work with staff to use FST practice to assist in developing ongoing plans that allow TPR to be filed timely whenever this is an appropriate goal. DLS will be used as needed to assist in this Outcome.
- (P1.9.2) *Increase number of resource families.* Refer to P1.6.5. All benchmarks have been completed for this action step.
- (P1.9.3) *Increase capacity to conduct home studies and finalize adoptions.* All benchmarks have been completed for this action step.
- (P1.9.4) Improve access to legal representation for CD staff.
- e. CD legal representation at court hearings monitored by CD/DLS joint committee for improvement. Ongoing The process for staff to access DLS representation continues to work well. At minimum, quarterly meetings are available between the DLS attorney assigned to the circuit and the Circuit Manager to discuss issues of significance to the division or the region. The joint committee discussed and began working with CD policy staff to incorporate this information into a chapter in the Child Welfare Manual.

Item 10: Other planned living arrangement

- (P1.10.1) *Increase number and quality of resource families for older youth.* All benchmarks have been completed for this action step.
- (P1.10.2) Increase awareness of Chafee program services to staff and community members.

c. ILP staff provided Chafee informational meetings, seminars, workshops to CD Staff, foster parents, juvenile court and youth serving agencies. Ongoing Various informational meetings have been provide to staff, youth, foster parents and other providers on the upcoming changes to the older youth program.

(P1.10.3) – Increase program accessibility to prove life skills training services for older youth.

c. Consulted with SYAB members on needs of older youth. Ongoing The State Youth Advisory Board has had regular input on the draft of the new protocol (the Adolescent FST Guide and Individualized Action Plan) and have had some training on how to facilitate their own FST meeting. SYAB members will lead their FST when we begin using the new tool across the state. The SYAB has also been asked to review the TLP and Chafee RFPs. Youth will be utilized as a team member on the evaluation teams for the TLP and Chafee RFPs.

During the Test Project (training and piloting the use of the new tool), specific youth have been identified to engage with in using the new tool, specifically those youth turning 14 during the Test Project.

(P1.10.4) – Increase older youth involvement in service planning and delivery.

- a. Convened older youth workgroup to evaluate current Chafee services provided to youth ages 14 and older. Missouri has been working diligently to meet the needs of older youth in their foster care system. An executive decision was made to utilize private contractors and to take an in-depth look at current outcomes, policies, and practices. The first step was to identify a team to research and make recommendations to a program that is fiscally responsible, accountable and sustainable and meets the needs of the youth. This workgroup was convened and began meeting during November 2005.
- b. Recommendations for change provided by older youth workgroup. See the attached recommendations report and revised Item Narrative.
- c. Developed draft policy and protocol to improve youth involvement, service planning and delivery for older youth. This memorandum introduces the upcoming policy and practice changes to the Older Youth Program.

 http://www.dss.mo.gov/cd/info/memos/2006/cd0683.pdf
- d. Introduced Adolescent FST Guide and Individualized Action Plan protocol at the Missouri Juvenile Justice Association conference. The State's Independent Living Coordinator presented information concerning the upcoming changes to the Older Youth Program at the annual Missouri Juvenile Justice Association conference. The Adolescent FST Guide and Individualized Action Plan (IAP) was introduced to various court personnel, including judges and juvenile officers. Attached is the FST Guide and IAP protocol.

Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.

Item 11: *Proximity of foster care placement.* This item was found to be substantially achieved.

Item 12: Placement of Siblings.

(P2.12.1) – Increase the number of siblings placed together.

- c. Circuit Managers monitored quarterly PRR results and improvement plans developed.
 - Circuit Manager and Supervisors have continuous meeting about the importance of keeping siblings together. Supervisors assist staff in initial placements to make sure siblings are being placed together when possible.
 - In STARS and Spaulding training a consistent message to Foster and Adoptive families will emphasis the priority of CD is what is best for the children is for siblings to remain and be adopted together to ensure lifelong relationships and secure bonding and attachment.
 - Investigators will actively pursue appropriate kinship placements for sibling groups.
 - Staff have attended sibling placement training. They understand the importance of siblings being placed together and this training has raised awareness of this issue.
 - Licensing representatives are included in all meetings to discuss the importance of recruitment of foster parents who will consider accepting sibling groups.
 - Resource worker is working hard to recruit families that are willing to accept sibling groups.
 - Sibling placement is monitored in all FST and PPRT Meetings. When a split is necessary due to need for child specific placements, FTSM is held to discuss the move and the plan to keep siblings visiting each other.
- P2.12.2) **Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.** All benchmarks have been completed for this action step.
- (P2.12.3) *Increase* capacity for resource families that accept sibling groups. *Refer to P1.6.5.* All benchmarks have been completed for this action step.
- Item 13: Visiting with Parents and Siblings in foster care.
- (P2.13.1) Increase frequency and quality of parent/child and sibling visits.
- e. Circuit Managers monitor data regarding frequency of parent/child/sibling visits.

 f. Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.

The Visitation training is posted on the division's Intranet site to assist staff in understanding the importance of visits and why visits matter. Regular face to face

contact with parents and caretakers allows staff to evaluate the safety and their ability to care for children. Sibling visitation is essential if children are not placed together. It preserves the sibling relationship, bond and family connection. It provides an opportunity for the siblings to support each other during their time of separation and helps lessen the trauma of the removal. Worker and child visitation with parents are crucial for reunification and every effort is made to have regular visits.

PET teams are available to meet with circuit staff to discuss any areas of concern. PET teams and Circuit Managers can use PRR date to monitor visits with parents and siblings. The use of checklists for worker/child, parental and placement providers are also available in case records for supervisory or manager reviews. Staff can review data for the PRR on a quarterly basis. The new Supervisory Case Review results are provided to regions on a monthly basis and circuit specific information are available quarterly.

Item 14: Preserving connections.

- (P2.14.1) Increase emphasis on preserving familial and community connections for children in out of home care. All benchmarks have been completed for this action step.
- (P2.14.2) *Improve diligent search for relatives/missing parents.* Refer to P1.6.2. All benchmarks have been completed for this action step.
- (P2.14.3) **Revise ICWA policy.** All benchmarks have been completed for this action step.

Item 15: Relative Placement.

- (P2.15.1) *Increase system capacity to accurately track placement kinship vender type.* Refer to P1.6.1. All benchmarks have been completed for this action step.
- (P2.15.2) *Improve diligent search for relatives/kinship resource families.* Refer to P1.6.2. All benchmarks have been completed for this action step.
- (P2.15.3) Evaluate support and training provided for relative/kinship resource families. Refer to P1.6.7.

Item 16: Relationship of child in care with parents.

- (P2.16.1) *Improve diligent search for non-custodial parent.* Refer to P1.6.2. All benchmarks have been completed for this action step.
- (P2.16.2) Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver

(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks have been completed for this action step.

Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs

- Item 17: Needs and services of child, parents, and foster parents.
- (WB1.17.1) Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to S2.3.1. All benchmarks have been completed for this action step.
- (WB1.17.2) Strengthen worker's skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks have been completed for this action step.
- (WB1.17.3) Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to S1.2.2. All benchmarks have been completed for this action step.

Item 18: Child and family involvement in care planning

- (WB1.18.1) *Maximize parental/family participation in Family Support Team Meeting.* Refer to S2.3.2. All benchmarks have been completed for this action step.
- (WB1.18.2) *Improve the quality of Family Support Team Meeting.* Refer to P1.7.2. All benchmarks have been completed for this action step.
- (WB1.18.3) Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.
- f. Policy distributed to all staff and supervisory oversight. A memo was disseminated to staff introducing the new Handbook for Parents of Children in Foster Care and policy regarding its use. http://www.dss.mo.gov/cd/info/memos/2006/cd0681.pdf.
- g. Policy Incorporated into BASIC training. In Child Welfare Practice Basic Orientation, the parents rights handbook is discussed/ covered in Class 3 (Out of Home Care week.) It is covered again in Class 4- (Reinforcement/Evaluation week) of CWPT Basic when staff does the skills practice around the 24 hr FST meeting.

Item 19: Worker visits with Child – Improve quantity and quality

(WB1.19.1) – **Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.** All benchmarks have been completed for this action step.

WB1.19.2) – Increase policy compliance for frequency of worker visits for intact and out-of-home cases.

a. Achieved progress in caseload equalization by developing quarterly circuit workload reports. Ongoing

- Circuit maintains practice in monitoring caseload equalization through "End of the Month" reports that are submitted to the Circuit Manager by every work unit.
- Looking at equalization of caseloads by looking at workers and supervisor's monthly reports. Also using COA standards as their guidelines to try to equal out the caseload size.
- Supervisors meet at least quarterly to discuss work load and case assignment. A
 case listing of all cases assigned to each worker is provided to each supervisor
 and Circuit manager to review.
- Monthly staffing analysis is completed and case load assignment is constantly monitored on a dry erase board and cases adjusted and assigned accordingly.
- A caseload tool was devised and implemented. CSSI calculates quarterly for determining if adjustments need to be made to equalize load distribution.
- Workers are reporting their caseloads on a database. CM and supervisors discuss case loads during their consultations.

(WB1.19.3) – *Tracking system to track worker visits (date/site)* – All benchmarks have been completed for this action step.

Item 20: Worker visit with parent(s)

(WB1.20.1) – **Strengthen worker relationships with biological or adoptive parents.** All benchmarks have been completed for this action step.

(WB1.20.2) – **Refer to WB1.19.1, WB1.19.2 and WB1.19.3** – All benchmarks have been completed for this action step.

Well Being Outcome 2 – Children receive services to meet their educational needs

Item 21: Children receive appropriate services to meet their educational needs

WB2.21.1) – Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts. All benchmarks have been completed for this action step.

- (WB2.21.2) Improve the flow of educational records and reports when children transfer schools. All benchmarks have been completed for this action step.
- (WB2.21.3) **Decrease the incidence of educational neglect, truancy and suspension of children in care.** All benchmarks have been completed for this action step.
- (WB2.21.4) Decrease the incidence of educational neglect, truancy and suspension of children for intact families. All benchmarks have been completed for this action step.

Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs

Item 22: Physical health of the child

- (WB3.22.1) Increase ability of Children's Division staff and families to access available dental resources. All benchmarks have been completed for this action step.
- (WB3.22.2) Increase capacity of staff to assess medical needs of children in intact families. All benchmarks have been completed for this action step.

Item 23: Mental health need of the child

- (WB3.23.1) Increase the ability of Children's Division staff and families to access available mental health resources. All benchmarks have been completed for this action step.
- (WB3.23.2) Increase awareness of staff and foster parents regarding attachment and mental health issues.

b. Increased the number of staff and foster parents trained on Working with the Explosive Child. Semi-annually. Two sessions of this training was held during the last six month by contracted trainers. The Kansas City training session was held on April 27, 2006 and the training in St. Louis was held on July 28, 2006. This training is designed to assist participants obtain knowledge and skills to recognize behaviors associated with difficult and explosive children. This training offers participants knowledge about children diagnosed with behavior disorders and the etiology of those disorders. Participants will gain knowledge in differentiating between behavior-disordered children and "normal" childhood behavior. Techniques and skills will be presented to the participants to work with parents to help them deal with their stress and frustrations, to increase their knowledge of the child's behaviors, and to learn new skills when parenting a difficult and/or explosive child.

c. Increased the number of staff and foster parents trained on Grief and Loss. Semiannually. This workshop is designed to discuss the issues surrounding separation, loss, and grief. The training addresses the various types of separation and loss with a focus on the process of grieving. Participants will also learn techniques and strategies to use when working with families experiencing separation, loss, and grief. One session was made available to staff and foster parents on July 7, 2006.

e. Incorporated attachment issues training in to on-going training. A mental health issue training module is available for foster parents as well as agency staff through the contracted training unit. A session was held on May 11-12, 2006. This two-day training focus is designed to provide the participants with a general understanding of attachment theory and the symptoms of attachment disorder. It will provide tools to aid in the assessment of risk for the children and family. Participants will learn several strategies when working with children and families with attachment problems.

In addition to this training, information regarding attachment issues are addressed In STARS foster parent training in:

• STARS Pre-service:

 Session 3--Meeting Developmental Needs: Attachment (Also discusses lags in emotional/mental health of the child as it relates to development)

• STARS In-service:

- Module 1--The Foundation for Meeting the Developmental Needs of Children at Risk--addresses issues around attachment
- Module 5--Supporting Relationships between Children and Their Families--addresses attachment within 'shared parenting' issues.

• Learning Guide for the Caregiver Who Knows the Child--

- In section on Child Development, information is provided on 'Conditions and Experiences that May Cause Developmental Delays and Affect Attachment'
- o In section on Health Care--Information is provided on Emotional Health.

(WB3.23.3) – Increase capacity of staff to assess mental health needs of children in intact families. There are no benchmarks due during Quarter 7 or have been completed for this action step.

Systemic Factors

Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care. This item was found to be substantially achieved.

Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions

- (25.1) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Refer to S2.3.1. All benchmarks have been completed for this action step.
- (25.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks have been completed for this action step.
- (25.3) Improve supervisory capacity to monitor practice linking the assessment with the overall plan. Refer to S2.3.3. All benchmarks have been completed for this action step.
- (25.4) *Maximize parental/family involvement in Family Support Team Meetings.* Refer to P1.6.2. All benchmarks have been completed for this action step.
- (25.5) Improve staff facilitation skills for Family Support Team Meetings.
- d. Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module. FST skills application has been integrated into the FCS In-Service module. See attached FCS objectives and training outline.
- Item 26: Process for 6-month case reviews
- (26.1) Revised current policy to clarify an Administrative Review and requirements. All benchmarks have been completed for this action step.
- (26.2) **Recruit 3rd party participants for Administrative Reviews.** All benchmarks have been completed for this action step.
- (26.3) Increase ability to track 6 month Administrative Reviews separately from FSTs. All benchmarks have been completed in this action step.
- Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
- (27.1) *Improve access to legal representation for CD.* Refer to Pl.9.4. All benchmarks have been completed in this action step
- (27.2) *Implement training to develop testifying skills for CD staff.* All benchmarks have been completed for this action step.

- (27.3) Increase the timeliness of 12 month Permanency Hearings. All benchmarks have been completed for this action step.
- (27.4) Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations. Refer to P1.7.4. All benchmarks have been completed for this action step.
- Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.
- (28.1) *Improve access to legal representation for CD.* Refer to P1.9.4. All benchmarks have been completed for this action step.
- (28.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks have been completed for this action step.
- (28.3) Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented. Refer to P1.9.1. All benchmarks have been completed for this action step.
- (28.4) *Improve diligent search for relatives/parents.* Refer to P1.6.2. All benchmarks have been completed for this action step.
- (28.5) Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required. All benchmarks have been completed for this action step.
- Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.
- (29.1) Increase ability of foster parents to be notified of and heard in court. All benchmarks have been completed for this action step.
- Item 30: Standards to assure quality services and ensure children's safety and health This item was found to be substantially achieved.
- Item 31: Identifiable QA system that evaluates the quality of services and improvements This item was found to be substantially achieved.

Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge - This item was found to be substantially achieved.

Item 33: Ongoing training for staff

- (33.1) **Develop supervisory training for front line supervisors.** All benchmarks have been completed for this action step.
- (33.2) **Develop advanced in-service training module for investigations and assessment.** All benchmarks have been completed for this action step.
- (33.3) Develop advanced in-service training module for Family-Centered Services.
- h. Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide. FST skills application has been integrated into the FCS In-Service module. See attached FCS objectives and training outline.
- (33.4) **Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.** All benchmarks have been completed for this action step. (33.5) **Enhanced On-The-Job (OJT) Training.**
- i. Skills guide/list available for statewide use by supervisors. The skills guide was made available to supervisors for use to assist new staff with OJT. The skills guide continued to receive feedback and revisions through November 2006. See attached Table of Content.
- (33.6) Create training advisory committee to annually assess needs and evaluate training.
- <u>a. Professional Development and Training created state training advisory committee, including schools of social work.</u>
- b. Advisory committee developed a mission statement.

The Training Advisory committee convened their first meeting on October 18, 2006. See the attached agenda, committee members listing and committee minutes.

- (33.7) **Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff**. All benchmarks have been completed for this action step.
- (33.8) **Provide training based on circuit specific needs.** All benchmarks have been completed for this action step.
- **Item 34:** Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge. This item was found to be substantially achieved.

Item 35: Service array

- (35.1) *Increase access and availability to dental services.* Refer to WB3.22.1. All benchmarks have been completed for this action step.
- (35.2) Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA). All benchmarks have been completed for this action step.
- (35.3) Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children. Refer to P1.6.5. All benchmarks have been completed for this action step.
- (35.4) Increase availability of and access to parenting classes and family/parent aide services. All benchmarks have been completed for this action step.
- (35.5) Increase services to meet the needs of non-English speaking consumers. All benchmarks have been completed for this action step.
- (35.6) *Increase availability of transportation services.* All benchmarks have been completed for this action step.
- Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP. See Item 35 1-6. All benchmarks have been completed for this action step.
- Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.
- (37.1) *Increase access to existing services.* See item 35 1-6. All benchmarks have been completed for this action step.
- (37.2) Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks have been completed for this action step.
- Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP. This item was found to be substantially achieved.
- **Item 39:** Develops annual progress reports in consultation with stakeholders. This item was found to be substantially achieved.
- **Item 40: Coordinates services with other federal programs.** This item was found to be substantially achieved.

- **Item 41: Standards for foster family and child care institutions.** This item was found to be substantially achieved.
- Item 42: Standards are applied equally to all foster family and child care institutions. This item was found to be substantially achieved.

 Item 43: Conducts necessary criminal background checks. This item was found to be substantially achieved.
- Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity
- **(44.1)** *Increase the number of resource families.* Refer to P1.6.5. All benchmarks have been completed for this action step.
- **Item 45:** Uses cross jurisdictional resources to find placements. This item was found to be substantially achieved.



PROGRAM IMPROVEMENT PLAN

QUARTER 8 PROGRESS REPORT

November 2006 - January 2007

SUBMISSION DATE:

March 1, 2007

Quarter 8 Accomplishments

The following is summary of activities completed during Quarter 8 (November 2006 to January 2007) of the Program Improvement Plan.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment

(S1.1.1) – Clarify policy regarding timeliness of initiating reports of child maltreatment. All benchmarks in this action step were met during Quarter 1.

(\$1.1.2) – Increase accuracy of data regarding initial contact.

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements. Ongoing

- Using the SCRT to enhance clinical supervision has improved the consistency with practice among supervisors and workers.
- The PET Team met in January to discuss this issue: The Team felt there is no credit for attempts or there is a variety of other issues that might affect timeliness of initial contact. They plan to address these issues through the CQI Process.
- The Circuit manager reviewed results and distribute the forms to each worker's supervisor. The Supervisor documents any trend, concerns and strengths and addresses with workers.
- Continued to educate staff on the importance of timely initial contacts, re-evaluation
 of unit performance and speedy identification and resolution of problems impacting
 this area.
- Make sure worker makes multiple attempts with the 24 hour timeframe and pass on to night worker if not able to contact the family. Increase use of multidisciplinary team members.
- Supervisors are meeting with their workers to sign the CPS-1 and any safety plans that may be made during an intervention in addition to meeting and staffing with their workers on a weekly basis.
- The CQI teams discuss the outcomes at quarterly meeting and seek ways to improve this outcome. The Circuit Manager reviews this data on the PRR and meets with the investigative supervisor bi-weekly to monitor progress on outcome measures and brainstorm for solutions where outcomes are not met.
- The investigative supervisor and QA Specialist look at the CA/N worker analysis
 that is sent out and the managed reporting information then compare that to the
 informational log that is kept by the supervisor to ensure accuracy of data.
- Placing worker on informal improvement plan where supervisor is contacted once initial child contact is made on each case assigned.
- Training the entire investigative unit in the area of time management and SDM tools to assist staff in better understanding the importance of timely contact aspect of their job.

- The process of reviewing records during the Peer Record Review Process has improved the collection of accurate data because we are now exchanging records with an objective, detached circuit. Co-workers within a circuit do not review each others' files but the peer component is still intact.
- (S1.1.3) Study feasibility for alternative protocols for managing non CA/N referral. All benchmarks in this action step have been met.
- (S1.1.4) **Develop improvement plan to respond timely to reports of maltreatment.** All benchmarks in this action step have been completed.
- (S1.1.5) Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.
- g. Collected and analyzed PRR tool results for practice enhancements. Ongoing There were 1448 peer record reviews completed at the Child Abuse and Neglect Hotline Unit for the 4th quarter of 2006, which is approximately 10% of the total CA/N reports taken at the hotline during the 4th quarter. The reviews were completed by approximately 45 Children's Service Workers at the hotline. The PRR results indicate an accuracy level of 99%, 98%, 99%, 98%, 96%, and 100% respectively on the six items measured on the PRR tool (see attachment), with an average accuracy level of 98.3 %. The 4th quarter outcomes confirm that hotline workers are consistently making call decisions/classifications at a very high accuracy level. The 4th quarter results showed improvement over the 3rd quarter on four of the six items that were measured (with the other two items remaining the same).
- (S1.1.6) Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.
- k. Continued to provide mandated reported training to MO Hospital and School Counselors Association. Two Mandated Reporters training was provided in November. Approximately 250 people from the Missouri School Counselors Associations attended the training on November 6th. Twenty-one hospital administrators attended the training on the 9th. See attached PowerPoint.

Item 2: Repeat maltreatment

(\$1.2.1) – Ensure consistent and accurate completion of SDM safety and risk assessment.

- d. Evaluated SDM Peer Record Review Outcomes.
- This is checked by the supervisor when they sign at the 72 hour point and at closing. CA/N Supervisor reviews all assessment/investigations for accuracy and consistency of safety and risk on all cases prior to them being entered into the system.

- Outcomes are reviewed at staff meetings. Supervisors prints out statistical logs and reviews/compare stats. Results are shared with workers. When Training needs are identified, the specific training is requested.
- Supervisors are meeting with workers on a weekly basis in order to staff their cases and plan for completion.
- Scanning and e-mailing the completed CPS-1As to roving supervisors who cannot make it to the county for several days.
- Investigator consults with the supervisor and circuit manager in any case the child is considered unsafe.
- Training on critical thinking was provided to supervisors and the circuit manager.
 The circuit manager met with staff to provide director on how to complete
 behaviorally specific safety plans and continually stresses the importance of being
 specific on safety plans during monthly meetings.
- Continued compliance achieved through formal and informal training, on-going evaluation of performance and the timely resolution of problems are they arise.
- Staff attended additional training on the SDM tool to help them better understand the form and its usefulness.
- This item has been addressed repeatedly at unit meetings, circuit meetings, supervisory meetings and individual conferences. Circuit supervisors are developing a local protocol list for CA/N reports.
- The investigative supervisor has recently repeated instructions for completing assessments to make sure investigators are clear on the expectations of completing these assessments.
- Data Accuracy training continues to be given to new and existing staff to show importance of accurate information being input reflects outcomes and the importance of how outcomes reflects practice.
- (S1.2.2) *Implementation of Confirming Safe Environments (CSE) Process.* All benchmarks in this action step have been completed.
- (S1.2.3) Strengthen policy regarding assessment of safety at and throughout placement. All benchmarks in this action step have been completed.
- (S1.2.4) Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care. All benchmarks in this action step have been completed.
- (\$1.2.5) Strength policy and practice relating to chronic neglect and accumulation of harm.
- k. CD staff evaluated short term output of pilot effectiveness. See attached output information on the **Building Healthy Families** pilot.
- (S1.2.6) **Develop performance-based contract for foster parents.** All benchmarks in this action step have been completed.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

- Item 3: Services to family to protect child(ren) in home and prevent removal
- (S2.3.1) Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments. All benchmarks in this action step have been completed.
- (S2.3.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement. All benchmarks in this action step have been completed.
- (S2.3.3) Improve supervisory capacity to monitor enhanced practice relating to case planning. All benchmarks in this action step have been completed.
- (S2.3.4) **Establish procedures to access various service funding streams.** All benchmarks in this action step have been completed.
- (S2.3.5) Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families. All benchmarks in this action step have been completed.

Item 4: Risk of harm to child

- (S2.4.1) Ensure consistent and accurate completion of SDM safety and assessment. Refer to S1.2.1. All benchmarks in this action step have been met.
- (S2.4.2) *Implementation of CSE process.* Refer to S1.2.2. All benchmarks in this action step have been met.
- (S2.4.3) *Implement enhance background screening for foster/adopt and court ordered providers.* All benchmarks in this action step have been met.
- (\$2.4.4) Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.
- f. measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities. Ongoing From October 1, 2006 through December 31, 2006 there were 4 Preponderance of Evidence reports on licensed residential treatment facilities.
- (S2.4.5) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns. Refer to S2.3.1.

Permanency Outcome 1: Children have permanency and stability in their living situations.

- **Item 5:** Foster care re-entries. This item was found to be substantially achieved.
- Item 6: Stability of foster care placement
- (P1.6.1) *Increase system capacity to accurately track placement kinship vendor types.* All benchmarks in this action step have been completed.
- (P1.6.2) *Improve diligent search for relatives/missing parents.* All benchmarks in this action step have been completed.
- (P1.6.3) Expand use of family support team meetings to promote stability in alternative care placements. All benchmarks in this action step have been completed.
- (P1.6.4) Identify resource family types and shortages.

d. Circuits reported quarterly progress on recruitment activities. Quarterly

- A monthly newsletter is sent to resource families which addresses the need for respite providers and asked for referrals from their friends;
- Flyers sent to all homes in area;
- Manned a display booth and answered questions about foster parenting at a fair church and other community events;
- Designed a float and entered into a Holiday parade;
- Holding informational meetings at the local library;
- Purchased bookmarks and pens to be handed out at local events;
- Provided information to and had an article published in a local paper about foster parenting during Christmas,
- Developing a power point presentation that could be taken to Civic groups or churches.
- Missouri foster parent, Amy Thompson, will be appearing on the Rachael Ray show in the near future (she was in New York taping the show Jan. 31st.) The Rachael Ray show was interested in Thompson's commitment to fostering/adopting. This popular show may provide encouragement to families to become foster parents.
- (P1.6.5) *Increase number of resource families.*
- g. Quarterly report on PBC contractors' performance. Pending. We anticipate data from Research and Evaluation by March 5th.
- (P1.6.6) Increase placement stability by improving matching capabilities for children in out-of-home setting.
- e. Central Office staff analyzed Outcomes Reporting data to determine circuits needing additional supports to improve stability for children. Central Office Planning and Performance Management staff analyzed stability data using the Child Welfare Outcomes report and identified three circuits for case review. Determining factors for

targeting circuits for review include current performance, performance during the past eight quarters and the number of children in custody in the circuit.

- f. Consulted with Regional Directors and QA Staff to finalize targeted circuits and conference calls scheduled with circuits identified as needing additional supports. Regional Directors were notified of the renegotiated PIP requirement to conduct stability reviews during their monthly teleconference. Teleconferences were also held with the Regional Director and QA staff in the targeted circuits. A face to face meeting was scheduled for the QA staff to begin collaborating with the Quality Improvement (QI) staff. Central Office staff met with the QA and QI staff from the Southern Region on December 19th to discuss which circuits to target for review, the survey tool and how to sample cases.
- g. Scheduled targeted case reviews with circuits needing additional supports for purpose of developing circuit specific action plan. A Case review was scheduled and conducted in the 30th circuit (Butler and Ripley Counties) on January 29th and 30th. A review was scheduled and conducted in the 36th circuit (Benton, Dallas, Hickory, Polk and Webster Counties) on January 31st and February 1st. The review for the 21st circuit (St. Louis County) was scheduled and conducted on February 15-16th.

Eighty-one cases, approximately 62 percent were reviewed in the 30th circuit. Eighty-three or approximately 76 percent of the cases were reviewed in the 36th circuit. A random sample of 100 cases was reviewed in the 21st circuit.

h. Circuits provided monthly report to Central Office on strategies to improve placement instability, including convening a FST prior to move and support services to resource families. See attached placement stability reports from the 21st, 30th and 36th circuits.

(P1.6.7) – Evaluate support and training provided for relative/kinship resource families.

c. Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers. Memorandum CD07-02 http://www.dss.mo.gov/cd/info/memos/2007/cd0702.pdf was disseminated on January 8, 2007 introducing the revised STARS "Learning Guide For The Caregiver Who Knows The Child" training manual and assessment tool. Electronic copies of the training manual was available to staff and contractors to begin using immediately. Hard copies of the bound manual were mailed to each circuit on January 27th.

Item 7: Permanency goal for child

(P1.7.1) – Ensure the frequency and timeliness of FST Meetings occurs per policy.

- c. Circuit Managers assisted by PET monitored frequency data.
- PET Team met in January to discuss timeliness of the FST Meetings. Circuit Manager addressed the use of the tool provided by the Regional office to assure timely FST meetings with the Supervisors.

- A spreadsheet was developed for all supervisors to track all meetings to prevent overdues.
- Workers were asked to review their cases and calculate due dates for PPRs and schedule meetings to prevent overdues.
- Supervisors review monthly management reports and report any overdues to the Circuit Manger with reasons for the delays and a plan to resolve within the next 30 days.
- Supervisors are checking SS-61s (Alternative Care Tracking form) prior to supervisory conferences with staff to make sure the 61s have been updated.
- FSTs or PPRs are held every Wednesday and a rotation has been established with four community agencies to ensure a community representative attend every week.
- Workers are required to bring the SS-61 forms to each PPRT and the supervisor will approve or enter FST/PPR information into system the same day following the FST/PPR.
- Workers are encourages to schedule the PPRTs at least one month ahead of when they are due.
- Added the last PRR date to each worker's case listing to assist them track next review date.
- (P1.7.2) *Improve quality of FSTs to ensure permanency goal is reviewed and established.* All benchmarks in this action step have been completed.
- (P1.7.3) Strengthen policy and practice relating to concurrent planning. All benchmarks in this action step have been completed.
- (P1.7.4) Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations. All benchmarks in this action step have been completed.
- Item 8: Reunification, guardianship, or permanent placement with relatives
- (P1.8.1) Address permanency and service needs of children in Legal Status 2, 3, and 4. All benchmarks in this action step have been completed.
- (P1.8.2) **Establish procedures to access various funding streams.** Refer to S2.3.4. All benchmarks in this action step have been completed.
- (P1.8.3) *Ensure frequency and timeliness of FST Meetings occurs per policy.* Refer to P1.7.1. All benchmarks in this action step have been completed.
- (P1.8.4) *Improve quality of FST to assure the review of permanency goal.* Refer to P1.7.2.
- (P1.8.5) Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings

consistent with state and federal regulations. Refer to P1.7.4. All benchmarks in this action step have been completed.

- (P1.8.6) Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities. All benchmarks in this action step have been completed.
- (P1.8.7) Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. All benchmarks have been completed for this action step.
- (P1.8.8) **Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.** Refer to P1.6.1. All benchmarks in this action step have been completed.

Item 9: Adoption

(P1.9.1) – *Termination* of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.

f. Quarterly monitoring by PRR.

- Continue to use Family Support Teams to develop plan for TPR as appropriate.
 DLS is being used when needed.
- Adoption specialist hired in the circuit has improved this outcome by assisting case managers to work through TPR and adoption issues.
- DLS meets with each unit during their unit meetings to remind staff of the process to refer a case for TPR, additional follow-up will continue during Supervisor meetings.
- Subsidies and guardianships will continue being completed timely so that adoption and guardianship hearings do not have to be delayed.
- The Division will monitor this through FST's and follow-up with the DJO to ensure this is being completed timely.
- Improvements made due to new staff hired and an addition of new DJO liaison who attends PPRs on a consistent basis.
- Protocol established by circuit to require a staff between the JO and CD at the 11 ½
 month mark to discuss primary and concurrent goals of the case.
- Continue to meet with juvenile office staff bi-monthly to assure that TPR is filed in a timely manner and cases are appropriately identified.
- Monthly with JO to review permanency plans for each child who is at or nearing the 12 month mark.
- QA specialist provide statistical date to Regional Director on a quarterly basis to show progress or lack of progress and the data is shared with CD staff and community partner to solicit input on improvement.

(P1.9.2) – *Increase number of resource families.* Refer to P1.6.5.

(P1.9.3) – *Increase capacity to conduct home studies and finalize adoptions.* All benchmarks have been completed for this action step.

(P1.9.4) – Improve access to legal representation for CD staff.

e. CD legal representation at court hearings monitored by CD/DLS joint committee for improvement. DLS representation at court hearings is an ongoing discussion between DLS and CD. The joint committee did meet to discuss how to better provide DLS representation in more rural areas. DLS was able to hire another full time attorney and a half time contracted attorney. Interviews have taken placed and the full time attorney will be based in Rolla and the half time position being based in West Plains.

Item 10: Other planned living arrangement

(P1.10.1) – *Increase number and quality of resource families for older youth.* All benchmarks in this action step have been completed.

(P1.10.2) – Increase awareness of Chafee program services to staff and community members.

c. ILP staff provided Chafee informational meetings, seminars, workshops to CD Staff, foster parents, juvenile court and youth serving agencies. Presentations of changes to the Older Youth Program were made this quarter to community members in the 15th circuit; MO coalition of Children's Agencies; Council on Adolescent School Health; Homeless Adolescent Taskforce; SYAB and CD staff developed a flyer (see attached) to provide information about the Older Youth Program when youth met with State Legislators for Child Advocacy Day on January 30, 2007.

(P1.10.3) – Increase program accessibility to prove life skills training services for older youth.

c. Consulted with SYAB members on needs of older youth. Youth continue to be informed and involved throughout the transition process to the enhanced Older Youth Program. The attached agenda fro the SYAB meeting held in November provides information on youth's involvement in the community. SYAB member representation was requested for the TLP RFP evaluation held on January3-4th and 29th, but no members attended. SYAB member representation was also requested for Chafee RFP evaluations to be held on March 15-16th.

(P1.10.4) Increase older youth involvement in service planning and delivery.

e. Began training of policy and Adolescent FST Guide and Individualized Action Plan protocol in selected sites in the 15th, 22nd and 25th circuits.

f. Began conducting field tests of policy and protocol. Training began for the FST Guide in November for the pilot sites. The field tests for this new protocol began in December and will continue through the middle of March. After the completion of the field tests, a meeting will be held with the Older Youth Program Implementation Team to discuss issue with the protocol and ease of use. Necessary changes will be made based on the

feedback. See attached Test Project Proposal for the Adolescent FST Guide & Individualized Action Plan.

g. Conducted mid-point evaluation of test project through staff surveys. See attached survey results.

Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.

Item 11: *Proximity of foster care placement.* This item was found to be substantially achieved.

Item 12: Placement of Siblings.

(P2.12.1) – Increase the number of siblings placed together.

c. Circuit Managers monitored quarterly PRR results and improvement plans developed.

- Workers and the Juvenile Office staff attended a training which promoted the retention of siblings in the same placement.
- The resource unit is making an effort to education people who inquire about becoming a foster parent on the subject of keeping siblings together.
- The resource worker discusses with case managers on a monthly basis how to get siblings into the same home based on information that may have come up at the FSTM.
- The importance of sibling placement is emphasized to staff and staff has attended Sibling Placement Training to continue to have this awareness in the forefront of their minds.
- A visits tracking spreadsheet was developed and implemented in august 2006 and results are discussed at eh monthly managers meetings
- Siblings are placed together unless there is a compelling reason for the separation and the Circuit and Field Support Managers are contacted for approval.
- A plan for ongoing visitation must be documented in the child record if siblings cannot be placed together.
- CA/N investigators actively pursue appropriate kinship placements for siblings groups and adoption unit focuses recruitment families for sibling groups.
- All children currently separated in the circuit have been brought to the attention of the supervisors and circuit manager and the case reviewed for sibling placement if not contrary to case plan.

P2.12.2) – **Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.** All benchmarks in this action step have been met.

(P2.12.3) – *Increase* capacity for resource families that accept sibling groups. *Refer to P1.6.5.*

Item 13: Visiting with Parents and Siblings in foster care.

(P2.13.1) – *Increase frequency and quality of parent/child and sibling visits.* All benchmarks in this action step have been completed.

Item 14: Preserving connections.

- (P2.14.1) Increase emphasis on preserving familial and community connections for children in out of home care. All benchmarks in this action step have been completed.
- (P2.14.2) *Improve diligent search for relatives/missing parents.* Refer to P1.6.2. All benchmarks in this action step have been completed.
- (P2.14.3) **Revise ICWA policy.** All benchmarks in this action step have been completed.

Item 15: Relative Placement.

- (P2.15.1) *Increase system capacity to accurately track placement kinship vender type.* Refer to P1.6.1. All benchmarks in this action step have been completed.
- (P2.15.2) *Improve diligent search for relatives/kinship resource families.* Refer to P1.6.2. All benchmarks in this action step have been completed.
- (P2.15.3) Evaluate support and training provided for relative/kinship resource families. Refer to P1.6.7.

Item 16: Relationship of child in care with parents.

- (P2.16.1) *Improve diligent search for non-custodial parent.* Refer to P1.6.2. All benchmarks in this action step have been completed.
- (P2.16.2) Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks in this action step have been completed.

Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs

Item 17: Needs and services of child, parents, and foster parents.

(WB1.17.1) – Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to S2.3.1. All benchmarks in this action step have been completed.

(WB1.17.2) – Strengthen worker's skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks in this action step have been completed.

(WB1.17.3) – Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to S1.2.2. All benchmarks in this action step have been completed.

Item 18: Child and family involvement in care planning

(WB1.18.1) – *Maximize parental/family participation in Family Support Team Meeting.* Refer to S2.3.2. All benchmarks in this action step have been completed.

(WB1.18.2) – *Improve the quality of Family Support Team Meeting.* Refer to P1.7.2. All benchmarks in this action step have been completed.

(WB1.18.3) – Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc. All benchmarks in this action step have been completed.

Item 19: Worker visits with Child – Improve quantity and quality

(WB1.19.1) – **Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.** All benchmarks in this action step have been completed.

WB1.19.2) – Increase policy compliance for frequency of worker visits for intact and out-of-home cases.

a. Achieved progress in caseload equalization by developing quarterly circuit workload reports.

- All supervisors met and discussed case loads in January and the Circuit Manager developed a spreadsheet to be updated quarterly of all worker caseload numbers
- All Supervisors continue to address case loads at monthly unit meetings. All
 visitation forms are being turned into supervisors for review and monthly log is now
 being turned in to their supervisor with dates of the HV contact.
- The Investigative Supervisor assigns all cases. She requests a case load listing from all staff on a monthly basis.
- The Circuit Manager and the supervisors met with Field Support Staff and reviewed all caseloads and where workers were based. Adjustments made to caseloads must because of length of drive time to visit the child.
- Use the Caseload activity report to monitor caseload size and worker visits.
- Supervisors monitor the size and makeup of workloads through the use of a case reporting document.

- Improvements are credited to implementation of a worker activity log and outlook calendars for each worker as well as Time Management and Organization training provided in the past two months.
- Monthly caseload analysis is done to ensure caseload size equalization.
- Supervisor monitors the number of visits to consumer homes during weekly staff meetings with workers. Supervisor monitor that the correct forms are completed at the home visits.

(WB1.19.3) – *Tracking system to track worker visits (date/site)* – All benchmarks in this action step have been completed.

Item 20: Worker visit with parent(s)

(WB1.20.1) – **Strengthen worker relationships with biological or adoptive parents.** All benchmarks in this action step have been completed.

(WB1.20.2) - Refer to WB1.19.1, WB1.19.2 and WB1.19.3

Well Being Outcome 2 – Children receive services to meet their educational needs

Item 21: Children receive appropriate services to meet their educational needs

(WB2.21.1) – Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts. All benchmarks in this action step have been completed.

(WB2.21.2) – *Improve the flow of educational records and reports when children transfer schools.* All benchmarks in this action step have been completed.

(WB2.21.3) – Decrease the incidence of educational neglect, truancy and suspension of children in care. All benchmarks in this action step have been completed.

(WB2.21.4) – Decrease the incidence of educational neglect, truancy and suspension of children for intact families. All benchmarks in this action step have been completed.

Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs

Item 22: Physical health of the child

(WB3.22.1) – Increase ability of Children's Division staff and families to access available dental resources. All benchmarks in this action step have been completed.

(WB3.22.2) – Increase capacity of staff to assess medical needs of children in intact families. All benchmarks in this action step have been completed.

Item 23: Mental health need of the child

(WB3.23.1) – Increase the ability of Children's Division staff and families to access available mental health resources. All benchmarks in this action step have been completed.

(WB3.23.2) – Increase awareness of staff and foster parents regarding attachment and mental health issues. All benchmarks in this action step have been completed.

(WB3.23.3) – Increase capacity of staff to assess mental health needs of children in intact families.

<u>b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed. (See S2.3.3 a-f).</u>

- Circuit Manager reviews SCRT results monthly and the supervisors utilize the local results during case consultations. Areas needing improvement are identified. Staff are provided additional training on areas needing improvement. Supervisory oversight continues to be a means for improvement.
- Review of the spreadsheets indicated areas needing improvements. Strategies such as providing feedback to the workers regarding specific case reviews and suggestions for improvement during worker/supervisor conferences, addressing the items needing improvement with all staff in Circuit meetings, so they can apply this to their own casework and working with staff in worker/supervisor conferences on how they can better plan for and complete visits with children and visits with parents including the use of the Outlook calendar to make sure visits are schedules on their calendars a month in advance were developed as a practice improvement.
- FCOOH Unit Supervisor conducts weekly training sessions at which attendance of all new workers is required. She accompanies new workers to court, reviews all written documents, case record narrative, forms, etc on a regular basis. The investigative supervisor has her new staff shadowing herself or experienced staff as they learn to conduct investigations or assessments. Requirements for data entry on FACES are followed and a rotation coverage plan has been implemented to allow staff desk time to complete data entry on a frequent and regular basis.
- Review completion rate is lower than desired and this has been the focus.
 Supervisors who have completed the required reviews have been recognized during monthly Supervisors' meetings.
- Circuit Managers have requested and are using assistance from the QA and QI Specialists in the on-going assessment of measures needing improvement.
- Circuit Manager and supervisors working with staff to get up to date on their case narrative recordings. Many of the activities are taking place but not recorded in the record.

- Circuit Manager reviews SCRT results monthly with supervisor who uses them in individual case consultations.
- Unit supervisors conduct weekly training for staff on areas needing improvement.
 These sessions are mandatory. Supervisor also accompanies new workers to court and have experience worker shadow the new workers.

Systemic Factors

Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care. This item was found to be substantially achieved.

Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions

- (25.1) Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Refer to S2.3.1. All benchmarks in this action step have been completed.
- (25.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks in this action step have been completed.
- (25.3) Improve supervisory capacity to monitor practice linking the assessment with the overall plan. Refer to S2.3.3. All benchmarks in this action step have been completed.
- (25.4) *Maximize parental/family involvement in Family Support Team Meetings.* Refer to P1.6.2. All benchmarks in this action step have been completed.
- (25.5) *Improve staff facilitation skills for Family Support Team Meetings.* All benchmarks in this action step have been completed.

Item 26: Process for 6-month case reviews

- (26.1) Revised current policy to clarify an Administrative Review and requirements. All benchmarks in this action step have been completed.
- (26.2) **Recruit 3rd party participants for Administrative Reviews.** All benchmarks in this action step have been completed.
- (26.3) Increase ability to track 6 month Administrative Reviews separately from FSTs. All benchmarks have been completed in this action step.

- Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
- (27.1) *Improve access to legal representation for CD.* Refer to Pl.9.4. All benchmarks have been completed in this action step
- (27.2) *Implement training to develop testifying skills for CD staff.* All benchmarks in this action step have been completed.
- (27.3) Increase the timeliness of 12 month Permanency Hearings. All benchmarks in this action step have been completed.
- (27.4) Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations. Refer to P1.7.4. All benchmarks in this action step have been completed
- Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.
- (28.1) *Improve access to legal representation for CD.* Refer to P1.9.4. All benchmarks in this action step have been completed
- (28.2) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks in this action step have been completed.
- (28.3) Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented. Refer to P1.9.1. All benchmarks in this action step have been completed.
- (28.4) *Improve diligent search for relatives/parents.* Refer to P1.6.2. All benchmarks in this action step have been completed
- (28.5) Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required. All benchmarks in this action step have been completed.
- Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.

- (29.1) Increase ability of foster parents to be notified of and heard in court. All benchmarks in this action step have been completed.
- Item 30: Standards to assure quality services and ensure children's safety and health This item was found to be substantially achieved.
- Item 31: Identifiable QA system that evaluates the quality of services and improvements This item was found to be substantially achieved.
- Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge This item was found to be substantially achieved.
- Item 33: Ongoing training for staff
- (33.1) **Develop supervisory training for front line supervisors.** All benchmarks in this action step have been completed.
- (33.2) **Develop advanced in-service training module for investigations and assessment.** All benchmarks in this action step have been completed.
- (33.3) **Develop advanced in-service training module for Family-Centered Services.** All benchmarks in this action step have been completed.
- (33.4) **Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.** All benchmarks in this action step have been completed.
- (33.5) **Enhanced On-The-Job (OJT) Training.** All benchmarks in this action step have been completed.
- (33.6) Create training advisory committee to annually assess needs and evaluate training.
- c. Advisory Committee developed a written plan for assessing training needs.
 d. Advisory Committee developed a written plan for evaluating training needs.
 e. Plan submitted to CD administrators for approval. The training advisory committee met in October 06. At that time, the committee developed a mission statement, reviewed and discussed the current ways in which training needs are assessed and how training is evaluated. The advisory committee felt that technical assistance from NRC would be very beneficial and would have a positive impact to the training and evaluation process. The committee was confident NRC could provide the needed structure and framework with appropriate measures and parameters.

While the group agreed that the current way of **assessing training needs** through review of patterns and trends in practice through sources (noted below), the committee agreed that more help was needed to enhance and formalize the process.

- The Survey of Organizational Excellence
- Peer record reviews

- PDR results
- COA Circuit self-assessment of training needs
- CQI process
- Ongoing internal review of training curriculum to reflect current policy and

The advisory committee also discussed the current ways in which training was evaluated such as:

- Classroom evaluation of the training content <u>and</u> of the trainers by participants
- Evaluation of the participants by the trainers through skill practice observation and written feedback that is shared with supervisors for ongoing follow up through OJT activities
- Individual self- assessment and evaluation prior to, during and following Basic Orientation

The advisory committee agreed that while the current ways of assessing and evaluating training have merit, a more structured, comprehensive process was needed and NRC could better provided this type of assistance and framework than the committee.

The minutes of this meeting and a discussion to enhance this process was held between the Training Coordinator and Deputy Director. The Deputy Director was in agreement with this plan and request for technical assistance through NRC was made to the Region VII ACF office. A preliminary conference call with Susan Kanack from NRC was held during January 2007 and the subsequent has been scheduled for March 2007 to address how NRC will be provide the needed TA to the CD.

- (33.7) **Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff**. All benchmarks in this action step have been completed.
- (33.8) **Provide training based on circuit specific needs.** All benchmarks in this action step have been completed.
- **Item 34:** Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge. This item was found to be substantially achieved.

Item 35: Service array

- (35.1) *Increase access and availability to dental services.* Refer to WB3.22.1. All benchmarks in this action step have been completed.
- (35.2) Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA). All benchmarks in this action step have been completed.
- (35.3) Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children. Refer to P1.6.5.

- (35.4) Increase availability of and access to parenting classes and family/parent aide services. All benchmarks in this action step have been completed.
- (35.5) Increase services to meet the needs of non-English speaking consumers. All benchmarks in this action step have been completed.
- (35.6) *Increase availability of transportation services.* All benchmarks in this action step have been completed.
- Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP. See Item 35 1-6.
- Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.
- (37.1) Increase access to existing services. See item 35 1-6.
- (37.2) Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks in this action step have been completed.
- Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP. This item was found to be substantially achieved.
- **Item 39:** Develops annual progress reports in consultation with stakeholders. This item was found to be substantially achieved.
- **Item 40: Coordinates services with other federal programs.** This item was found to be substantially achieved.
- **Item 41: Standards for foster family and child care institutions.** This item was found to be substantially achieved.
- Item 42: Standards are applied equally to all foster family and child care institutions. This item was found to be substantially achieved.
- **Item 43: Conducts necessary criminal background checks.** This item was found to be substantially achieved.
- Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity
- (44.1) Increase the number of resource families. Refer to P1.6.5.
- **Item 45:** Uses cross jurisdictional resources to find placements. This item was found to be substantially achieved.

Post PIP – Remaining six data measures

<u>Timeliness of initial contact – (Outcomes)</u>

Current Performance per the *Outcomes Report* = 75.2% *Goal* = 80.4%

For all investigations and family assessments, Missouri statutes require the child(ren) to be seen immediately in emergency situations and within 24 hours for non-emergency cases. Immediately is defined per policy as within 3 hours. For educational neglect reports, the victim must be seen within 72 hours. The expectation for change requires Circuit Managers to review measure #1 of the FY 07 Outcomes Report and develop an action plan for improvement for any circuit performing below the state goal. A recent review of conclude CA/Ns indicated performance may be improved by additional policy clarification and training, as well as a system edit which will simplify initial contact reporting, whether, made by a multi-disciplinary team member or a CD staff person. CD has begun addressing these changes.

Family participated in the development and signed the service plan (PRR)

Current Performance per PRR Results = 74.3% Goal = 75.3%

The Family-Centered approach is the division's philosophical base of child welfare practice. Parents and children will be given the opportunity for full inclusion in all phases of the assessment and service planning process. When the parents sign the plan, they convey their agreement to the goals and requirements of the plan. The expectation for change requires staff to make every effort to involve the family in the assessment and planning process are essential in developing a therapeutic relationship and in empowering parents to make the necessary changes. Circuit managers will work with staff to ensure that families are actively involved in the planning process. Service plans will be developed by focusing on the strengths and needs of the family and reviewed for signatures of family involvement.

Services being provided to the family are adequate to meet their needs as identified in the assessment (PRR)

Current Performance per PRR Results = 86.8% Goal = 89.9%

In Family-Centered techniques recognition is given that families are more likely to change when they are invested in a plan for change, rather than being asked to comply with the mandates of others. Family-Centered practice empowers the family and encourages self-sufficiency, while meeting the children's needs. Flexible funding is provided to facilitate meeting the needs of families, when they can not otherwise be obtained. Expectation for change necessitates the worker to initiate the family-centered practice by explaining the purpose of division's involvement, establishing rapport and treating the family with honesty and respect. Full inclusion will give parents and children an equal and active voice in identifying the issues and need for services. The supervisor is responsible for assuring the assessment is complete and discussing with the worker the best way to access needed resources.

Worker visits with the family and caretakers at least one time per month (PRR) Current Performance per PRR Results = 81.6% Goal = 85.4%

CD policy expects staff to meet in the family's home one time per week during the first 30 days, but a minimum of one time per month. Ongoing case management after the initial 30 days requires a minimum of one home visit per month. This visit should not be included with any supervised visitation between parents and children that occur in the home. Expectation for change – To ensure the safety of children in foster care, it is imperative for staff to conduct visits with parents and placement providers. Circuit Managers will review PRR results for current circuit performance and develop a plan for improvement if their performance is below the state goal. The improvement plan will include strategies within the next 90 days for worker visits with the family and caretaker to take place at least one time per month and documented in the case record via the worker.

Child placed in close proximity to family (PRR)

Current Performance per PRR Results = 85.6% Goal = 90.9%

CD strives to preserve and maintain family and community connections for all children and families served. For children in out-of-home care, diligent efforts are made to place the child and/or sibling group together with other relatives, maintain the child and/or sibling group in their own schools and communities and ensure close proximity to his/her parents when possible and appropriate. Placement of youth must be within a 50 mile radius of their family whenever possible. When making a placement of a youth into a residential treatment facility located 50 miles or more from the county of jurisdiction, the worker must document that an exhaustive local search was conducted and that the child's treatment needs may not be met within the 50 mile radius. In an effort to improve this outcome, Family Centered Out-of-Home supervisors and circuit managers will conduct administrative reviews in the next 60 days to evaluate whether all viable placement options have been explored and exhausted in efforts to place the child in the same community and within close proximity of their parents. Meeting the child's special needs will take priority over placement in proximity to the parent(s) when selecting a provider, if both standards cannot be satisfied.

Visitation plan in place to facilitate reunification (PRR)

Current Performance per PRR Results = 84.8% Goal = 86.8%

Child visits with parents and siblings should occur within the first week of placement, and then weekly thereafter, when possible. The Visitation Plan developed through the FST process should include the frequency of the visits. It is recommended that a visit between a parent and child occur weekly or as frequently as possible in efforts to preserve the bond between a parent and child. It is the worker's responsibility to assure that the child is present for the visits and that a location is secured. The expectation for change will require circuit managers and supervisors to work with staff to ensure there is a visitation plan developed for each child or the visitation plan allows for visitation per policy. When visitation plans are not implemented and/or visits do not occur, the worker shall discuss such reasons with the supervisor. Visits should not be canceled or rescheduled because of unexpected problems with the worker's schedule; a backup plan should be in place. Visitation is not to be used as a reward or punishment for parent or child.

Post PIP QTR - 2 - Remaining six data measures

Family participated in the development and signed the service plan (PRR)

Current Performance per PRR Results = 81.4% Goal = 75.3%

Services being provided to the family are adequate to meet their needs as identified in the assessment (PRR)

Current Performance per PRR Results = 91.9% Goal = 89.9%

Worker visits with the family and caretakers at least one time per month (PRR)

Current Performance per PRR Results = **86.2**% Goal = 85.4%

Child placed in close proximity to family (PRR)

Current Performance per PRR Results = 94.4% Goal = 90.9%

<u>Visitation plan in place to facilitate reunification</u> (PRR)

Current Performance per PRR Results = 89.9% Goal = 86.8%

Missouri has met and exceeded the goals for the above PIP data indicators measured using the Peer Record Review (PRR) results. We have been able to meet all five as a result of the following:

- Providing and improving the overall developmental knowledge of the PRR process to staff through:
 - ➤ QA Specialists or other trained staff provide a PRR training before every review so reviewers understand what they are doing and why. This was particularly important for newer staff and staff from contracted agencies, so they fully understood the process and the need for thorough and accurate documentation.
 - Arranging for someone who is familiar with the PRR tool to be in the room to monitor the review so reviewers who may have questions can get the right information, making sure reviewers look everywhere in the record for the information instead of only where it is supposed to be kept and the reviewers are utilizing the directions for the tool as they review cases.
 - Any item marked out of compliance must have an explanation as to why.
- Additional emphasis and focus through an all staff memorandum from the Director on March 2, 2007, which provided a PIP status update. It included required information and activities for the data indicators that have not been met, and called for a concerted effort to focus on the six remaining PIP measures.
- The April CQI *In-Focus* newsletter followed the above-referenced memorandum and was disseminated electronically to staff on April 9, 2007; this highlighted four of the six areas still needing improvement to meet PIP goals including:

- ✓ Timely initiation of child contact;
- ✓ The worker visits with the family at least one time per month;
- ✓ The family participated in the development and signed the service plan; and,
- ✓ There is a current visitation plan in place to facilitate reunification.
- A Leadership Conference was held in May, which required the attendance of all Regional Directors and Circuit Managers. One workshop attended by all specifically presented the data for the remaining six measures for each circuit. The interactive workshop required the attendees to look at their circuit specific data, evaluate their performance (whether they are doing well or need improvements) and strategize to develop specific action steps that they will employ with their staff when they return. Plans were submitted and implemented locally with the assistance and monitoring of our Quality Assurance and Quality Improvement Specialists.
- Other activities which have led to our success in these five measures include:
 - QA Specialists continue to provide data accuracy training and refreshers to why data matters. This has reinforced the culture change within the agency which requires the use of local data in mapping strategies for performance improvement.
 - ➤ QI Manager working with circuits to prepare for the Council of Accreditation (COA) on-site reviews. Records are in much better order as the result of the work towards meeting COA standards.
 - A maturing CQI process is now in place throughout the state in which local CQI teams address the performance measures highlighted in the *In-Focus* and work together to implement plans for improvement.
 - ➤ Implementation of Supervisory Case Reviews (SCR), one of the action steps in the Child Welfare Supervision Strategic Plan. This case review process for improving the culture of supervision is designed to:
 - Address child safety and well-being.
 - ♣ Allow supervisors to examine if policies are followed and the quality of work performed by their workers and services provided to children and families. The supervisors, in turn, utilize this information during supervisory conferences in providing staff with enhanced clinical supervision.
 - Assist supervisors in identifying strengths and challenges of individual workers, which improves child welfare practice and outcomes.

We recognized that in pursuing culture change we must address the changing of day to day practice of front line supervisors and workers in the field. The changes that have been implemented will not affect change, if front-line practice does not change. That is our focus and the goal. We are also focusing attention on building a stronger infrastructure that supports changed practice through the availability and flexibility of

services, engagement and collaboration with stakeholders, and ongoing quality assurance and improvement processes. This continued commitment to practice change will assist us in meeting the data goal for the remaining PIP measure.

<u>Timeliness of initial contact – (Outcomes)</u>

Current Performance per the *Outcomes Report* = **76.4%** *Goal* = 80.4%

In addition to the activities indicated above, a review of concluded CA/Ns was conducted in early April 2007. The results indicated performance may be improved by additional policy clarification and FACES enhancements. These reviews determined staff may not have a clear understanding on how to document when the initial contact is made with the victim. A policy memorandum CD07-41 disseminated to staff on July 27, 2007, clarified policy terminology and informed staff of the FACES enhancements. To view information regarding this memo, please click on the above link. As these changes are implemented, the division anticipates continued improvement in the timeliness of initial contact and assuring child safety.

	PIP PI	ERFORM	ANCE D	ATA - F	ebruary -	April 2005			
Outcome Report Measures*	PIP Item	FY 2004-4	FY 2005-1	FY 2005-2	PIP QTR -1 FY 2005-3	Q-1 Average Performance	Baseline	Goal	
# 1. Timeliness of initial child	1	74.6%	76.4%	79.1%	80.0%	77.5%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidisvism)		74.0%				11.5%		NCANDS GOAL OF	Based on quarterly Outcome report performance not NCANDS
#4 Poduce incidence of shill show	2	6.2%	5.5%	4.5%	5.5%	5.5%	8.3%	7.4%	formula
#4. Reduce incidence of child abuse in foster care (Goal achieved)	2	0.68%	0.58%	0.56%	0.53%	0.59%	0.37%	0.57%	Passed
#10. Children returning home me by length of time till reunification	8	74.2%	73.3%	72.5%	65.6%	71.5%	59.8%	AFCARS GOAL OF 62.2%	Based on quarterly Outcome report performance not AFCARS formula
#11. Children existing DFS custody to adoption by length of time till adoption	9	39.7%	40.7%		42.0%	39.8%	38.5%		Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	64.8%			61.8%	63.1%			
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months)	6	74.6%	73.9%	73.2%	74.2%	74.0%	78.6%	AFCARS GOAL OF 80.5%	Based on quarterly Outcome report performance not AFCARS formula
#17. Increase the number of children placed with relative providers (LS-1)	14	23.6%	23.8%	23.7%	24.1%	23.8%	23.3%	25.6%	
#17. Increase the number of children placed with relative providers (LS 1-4)	15	26.4%	27.0%	27.3%	28.1%	27.2%	25.9%	27.2%	
Peer Record Review Results**	PIP Item	CY 2004-2	CY 2004-3	CY 2004-4	PIP QTR -1 CY 2005-1	Q-1 Average Performance	Baseline	Goal	
III-3. The needs of the family/child are identified.	17	92.2%	91.1%	91.4%	90.3%	91.3%	91.0%	95.6%	
III-10. Rating for the overall quality of the comprehensive assessment	17	81.7%	84.5%	82.9%	84.0%	83.2%	82.1%	86.2%	
IV-8. The family participated in the development and signed the service plan.	18	77.6%	78.1%	77.9%	77.1%	77.7%	74.1%	77.8%	
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	4	91.2%	90.6%	90.1%	90.8%	90.7%	89.4%	90.3%	
IV-14. The worker visits with the family (caretakers) at least one time per month.	20	89.8%				86.8%			
IV-15. Rating for the overall quality of the service plan and service delivery process.	3 17 25	80.8%	81.3%	79.3%	80.4%	80.4%	80.4%	84.4%	
V-1. Consideration was given to relatives or kin for placement.	14 15	86.5%	88.3%	84.9%	86.0%	86.4%	83.0%	87.2%	
V-3. The child is placed in close proximity to their family.	16	88.9%	91.5%	89.5%	89.8%	89.9%	91.0%	91.9%	
V-4. Siblings are placed together or there is ongoing visitation.	12	85.6%	83.8%	87.4%	90.4%	86.9%	85.6%	89.9%	***************************************

Peer Record Review Results**	PIP				PIP QTR -1	Q-1 Average		***	
	Item	CY 2004-2	CY 2004-3	CY 2004-4	CY 2005-1	Performance	Baseline	Goal	
V-12. The permanency plan has									***************************************
been developed and it included									
options for concurrent planning.	7	86.3%	82.9%	84.8%	83.9%	84.5%	85.9%	90.2%	
V-13. There is a current visitation									
plan in place to facilitate									
reunification.	13	82.3%	84.6%	89.2%	82.9%	84.6%	89.4%	90.3%	
V-14. TPR has occurred or been filed			***************************************						***************************************
with then child has been in Out-of-									
Home Care for 15 of the most recent									
22 months, or compelling reasons									
are documented.									
	28	86.5%	86.6%	90.4%	84.3%	86.8%	83.4%	87.5%	
V-16. The worker visits the child									
twice every month.	19	74.9%	75.8%	77.2%	73.5%	75.3%	72.8%	76.4%	
V-17. The physical needs of the		74.070	70.070	11.270	70.070	70.070	72.070	70.470	
child are being met.	22	98.5%	97.4%	97.4%	96.7%	97.5%	96.9%	97.8%	
V-18. The child is at grade level and									
receiving appropriate educational									
services.	21	96.0%	96.9%	96.4%	95.7%	96.2%	95.6%	96.6%	
V-19. The mental health needs of the									
child are being met.	23	95.6%	96.6%	95.4%	96.9%	96.1%	96.4%	97.3%	
V-21. If the youth is 16 and over,		00.070		00.170	00.070		00.170	011070	
they are or have participated in the									
ILP classes.	10	58.6%	74.6%	73.3%	73.0%	70.3%	63.3%	66.4%	
V-22. Youth 16 or older have an ILP	10	30.070	74.070	70.070	7 3.0 70	70.570	00.070	00.470	
plan documented in the case record								80	
(CS-1 Att.).	10	47.9%	53.8%	45.3%	52.6%	49.5%	63.6%	66.4%	
Permanency Hearings as of 4/30/05	10	47.570	33.070	45.576	32.0 /6	45.5 /0	03.078	00.4 /6	
r ermanency ricarings as or 4/30/05	27				86.5%	86.5%	86.3%	88.0%	
					00.078	00.576	00.076	00.070	
*Quarterly Outcome Reports are captured by state fiscal year.									
** Quarterly Peer Record Review Results are									
reported by calendar year.									***************************************
Red = Performing below the baseline			•						
		-							
Green = Performing above baseline									
Purple = Performance exceeds goal								-	

	PIP	PERFO	RMANC	E DATA	- May - J	uly 2005			
Outcome Report Measures*	PIP Item	FY 2005-1	FY 2005-2	FY 2005-3	PIP QTR-2 FY 2005-4	Q-2 Average Performance	Baseline	Goal	
# 1. Timeliness of initial child	1	76.4%	79.1%	80.0%	81.9%	79.4%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidisvism)					0,			NCANDS GOAL OF	Based on quarterly Outcome report performance not NCANDS
	2	5.5%	4.5%	5.5%	4.9%	5.1%	8.3%	7.4%	formula
#4. Reduce incidence of child abuse in foster care (Goal achieved)	2	0.58%	0.56%	0.53%	0.44%	0.53%	0.37%	0.57%	Passed
#10. Children returning home me by length of time till reunification	8	73.3%	72.5%	65.6%	69.1%	70.2%	59.8%	AFCARS GOAL OF 62.2%	Based on quarterly Outcome report performance not AFCARS formula
#11. Children existing DFS custody to adoption by length of time till									Passed
adoption # 12. Children with timely completion of FSTM w/i 30 days and	9	40.7%	37.7%	42.0%	36.8%	39.2%			
6 months #13A. Reduce the number of placements of children in foster care (Children in care less than 12 months)	26	63.8%		61.8%	61.4%	62.3%		AFCARS GOAL OF	Based on quarterly Outcome report performance not AFCARS
# 17. Increase the number of children placed with relative	6	73.9%	73.2%	74.2%	74.5%	73.9%		80.5%	formula
providers (LS-1) #17. Increase the number of children placed with relative providers (LS 1-	14	23.8%	23.7%	24.1%	24.2%	24.0%	23.3%	25.6%	
4)	15	27.0%	27.3%	28.1%	28.3%	27.7%	25.9%	27.2%	

Peer Record Review Results**	PIP Item	CY 2004-3	CY 2004-4	CY 2005-1	PIP QTR-2 CY 2005-2	Q-2 Average Performance	Baseline	Goal	
III-3. The needs of the family/child are identified.	17	91.1%	91.4%	90.3%	89.2%	90.5%	91.0%	95.6%	
III-10. Rating for the overall quality of the comprehensive assessment	17	84.5%	82.9%	84.0%	80.7%	83.0%	82.1%	86.2%	
IV-8. The family participated in the development and signed the service plan. IV-13. Services being provided to	18	78.1%	77.9%	77.1%	74.3%	76.9%	74.1%	77.8%	
the family are adequate to meet their needs as identified in the assessment.	4	90.6%	90.1%	90.8%	91.0%	90.6%	89.4%	90.3%	
IV-14. The worker visits with the family (caretakers) at least one time per month.	20	84.7%	85.9%	86.6%	84.9%	85.6%	85.3%	89.5%	
IV-15. Rating for the overall quality of the service plan and service delivery process.	3 17 25	81.3%	79.3%	80.4%	79.2%	80.0%	80.4%	84.4%	
V-1. Consideration was given to relatives or kin for placement. V-3. The child is placed in close	14 15	88.3%	84.9%	86.0%	84.6%	85.9%	83.0%	87.2%	
proximity to their family. V-4. Siblings are placed together or	16	91.5%		89.8%	91.4%	90.5%			
there is ongoing visitation.	12	83.8%	87.4%	90.4%	88.3%	87.6%	85.6%	89.9%	

Peer Record Review Results**	PIP Item	CY 2004-3	CY 2004-4	CY 2005-1	PIP QTR-2 CY 2005-2	Q-2 Average Performance	Baseline	Goal	
V-12. The permanency plan has									
been developed and it included									
options for concurrent planning.	7	82.9%	84.8%	83.9%	83.5%	83.8%	85.9%	90.2%	
V-13. There is a current visitation									
plan in place to facilitate									
reunification.	13	84.6%	89.2%	82.9%	85.5%	85.4%	89.4%	90.3%	
V-14. TPR has occurred or been filed									
with then child has been in Out-of-									
Home Care for 15 of the most recent									
22 months, or compelling reasons									
are documented.									
	28	86.6%	90.4%	84.3%	90.2%	87.8%	83.4%	87.5%	
V-16. The worker visits the child									
twice every month.	19	75.8%	77.2%	73.5%	77.6%	76.0%	72.8%	76.4%	
V-17. The physical needs of the		1 3.070			111070		12.070	, ,	
child are being met.	22	97.4%	97.4%	96.7%	96.4%	96.9%	96.9%	97.8%	
V-18. The child is at grade level and									***************************************
receiving appropriate educational									
services.	21	96.9%	96.4%	95.7%	93.1%	95.5%	95.6%	96.6%	
V-19. The mental health needs of the									
child are being met.	23	96.6%	95.4%	96.9%	96.9%	96.5%	96.4%	97.3%	
V-21. If the youth is 16 and over,									
they are or have participated in the									
ILP classes.	10	74.6%	73.3%	73.0%	66.7%	71.9%	63.3%	66.4%	
V-22. Youth 16 or older have an ILP		1 11070	10.070	7 0.0 70	7070		00.070		
plan documented in the case record									
(CS-1 Att.).	10	53.8%	45.3%	52.6%	42.3%	48.2%	63.6%	66.4%	
Permanency Hearings as of 7/31/05		00.070	10.070	02.070	12.070	1012 / 0	00.070	001170	-
r cimanoney ricaringe ac cr 770 7700	27			86.5%	88.6%	88.6%	86.3%	88.0%	
				33.370	00.070		23.070		
*Quarterly Outcome Reports are captured by									
state fiscal year.									
** Quarterly Peer Record Review Results are									
reported by calendar year.									***************************************
Red = Performing below the baseline	***************************************								
Green = Performing above baseline									
Purple = Performance exceeds goal									

PI	P PE	RFORM	ANCE DA	ATA - Aι	ıgust - O	ctober 200	5		
Outcome Report Measures*	PIP Item	FY 2005-2	FY 2005-3	FY 2005-4	PIP QTR-3 FY 2006-1	Q-3 Average Performance	Baseline	Goal	
•									
# 1. Timeliness of initial child contact	1	79.1%	80.0%	81.9%	81.5%	80.6%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidisvism)	2	4.5%	5.5%	4.9%	4.8%	4.9%	9 30/	NCANDS GOAL OF 7.4%	Based on quarterly Outcome report performance not NCANDS formula
#4. Reduce incidence of child abuse		4.5 /0	3.3 /6	4.9 /0	4.0 /0	4.9 /0	0.5 /6	7.470	IOIIIIIIII
in foster care (Goal achieved)	2	0.56%	0.53%	0.44%	0.30%	0.46%	0.37%	0.57%	Passed
#10. Children returning home me by length of time till reunification	C	70.50/	CE C0/	60.49/	67.00/	CD 50/	FO 99/	AFCARS GOAL OF 62.2%	Based on quarterly Outcome report performance not AFCARS
#11. Children existing DFS custody	8	72.5%	65.6%	69.1%	67.0%	68.5%	59.8%	62.2%	formula
to adoption by length of time till adoption # 12. Children with timely	9	37.7%	42.0%	36.8%	39.5%	38.8%	38.5%	32.0%	Passed
completion of FSTM w/i 30 days and 6 months	26	62.1%	61.8%	61.4%	53.3%	59.6%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months)	6	73.2%	74.2%	74.5%	76.2%	74.5%	78.6%	AFCARS GOAL OF 80.5%	Based on quarterly Outcome report performance not AFCARS formula
# 17. Increase the number of									
children placed with relative providers (LS-1)	14	23.7%	24.1%	24.2%	25.5%	24.4%	23.3%	25.6%	
#17. Increase the number of children placed with relative providers (LS 1-	14	23.1 /0	24.170	24.270	23.3 /6	24.470	23.370	25.0 /6	
4)	15	27.3%	28.1%	28.3%	27.3%	27.8%	25.9%	27.2%	
Peer Record Review Results**	PIP Item	CY 2004-4	CY 2005-1	CY 2005-2	PIP QTR-3 CY 2005-3	Q-3 Average Performance	Baseline	Goal	
III-3. The needs of the family/child are identified.	17	91.4%	90.3%	89.2%	90.1%	90.2%	91.0%	95.6%	
III-10. Rating for the overall quality									
of the comprehensive assessment IV-8. The family participated in the development and signed the service plan.	17	82.9% 77.9%	84.0% 77.1%		80.6% 73.9%	82.0% 75.8%			
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	4	90.1%	90.8%	91.0%	88.4%	90.0%	89.4%	90.3%	
IV-14. The worker visits with the family (caretakers) at least one time per month.	20	85.9%	86.6%	84.9%	86.5%	86.0%	85.3%	89.5%	
IV-15. Rating for the overall quality of the service plan and service delivery process. V-1. Consideration was given to	3 17 25 14	79.3%	80.4%	79.2%	77.5%	79.1%	80.4%	84.4%	
relatives or kin for placement.	15	84.9%	86.0%	84.6%	82.6%	84.5%	83.0%	87.2%	
V-3. The child is placed in close proximity to their family.	16	89.5%				90.0%			
V-4. Siblings are placed together or there is ongoing visitation.	12	87.4%	90.4%	88.3%	85.2%	87.9%	85.6%	89.9%	

Peer Record Review Results**									
	PIP				PIP QTR-3	Q-3 Average			
	Item	CY 2004-4	CY 2005-1	CY 2005-2	CY 2005-3	Performance	Baseline	Goal	
/-12. The permanency plan has									
peen developed and it included	_								
options for concurrent planning.	7	84.8%	83.9%	83.5%	85.3%	84.4%	85.9%	90.2%	
/-13. There is a current visitation									
plan in place to facilitate									
eunification.	13	89.2%	82.9%	85.5%	84.7%	85.4%	89.4%	90.3%	
/-14. TPR has occurred or been filed		·							
vith then child has been in Out-of-									
Home Care for 15 of the most recent									
22 months, or compelling reasons									
are documented.	00	00.40	0.4.007	00.007	00.70	00.00	00.40/	07.50/	
/ 40. The small analytic than 1991	28	90.4%	84.3%	90.2%	88.7%	88.3%	83.4%	87.5%	
/-16. The worker visits the child									
wice every month.	19	77.2%	73.5%	77.6%	81.4%	77.4%	72.8%	76.4%	
/-17. The physical needs of the									
hild are being met.	22	97.4%	96.7%	96.4%	96.5%	96.7%	96.9%	97.8%	
/-18. The child is at grade level and									
eceiving appropriate educational									
services.	21	96.4%	95.7%	93.1%	95.8%	95.3%	95.6%	96.6%	
/-19. The mental health needs of the									
child are being met.	23	95.4%	96.9%	96.9%	95.8%	96.3%	96.4%	97.3%	
/-21. If the youth is 16 and over,									
hey are or have participated in the									
LP classes.	10	73.3%	73.0%	66.7%	65.4%	69.8%	63.3%	66.4%	
/-22. Youth 16 or older have an ILP									
plan documented in the case record									
CS-1 Att.).	10	45.3%	52.6%	42.3%	55.1%	48.8%	63.6%	66.4%	
Permanency Hearings as of 10/31/05									
	27		86.5%	88.6%	90.2%	90.2%	86.3%	88.0%	
Quarterly Outcome Reports are captured by									
tate fiscal year. * Quarterly Peer Record Review Results are		-					-		
eported by calendar year.			***************************************						
Red = Performing below the baseline									
Green = Performing above baseline									
Purple = Performance exceeds goal		-							

		PIP	PERFOR	RMANCE	DATA - I	November :	2005 - Janı	uary 2006				
Outcome Report Measures*	PIP Item	FY 2005-3	FY 2005-4	FY 2006-1	PIP QTR-4 FY 2006-2	Q-1 Average Performance	Q-2 Average Performance	Q-3 Average Performance	Q-4 Average Performance	Baseline	Goal	
# 1. Timeliness of initial child	1	80.0%	81.9%	81.5%	85.0%	77.5%	79.4%	80.6%	82.0%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidisvism) 6.1%	I	80.0%	01.9%	81.3%	65.0%	11.5%	19.4%	80.0%	62.076	76.0%	NCANDS	Based on quarterly Outcome report
	2	5.5%	4.9%	4.8%	5.1%	5.5%	5.1%	4.9%	5.1%	8.3%	GOAL OF	performance not NCANDS formula
#4. Reduce incidence of child abuse in foster care (Goal achieved) 57%	2	0.53%	0.44%	0.31%	0.31%	0.59%		0.46%		0.37%		Passed
#10. Children returning home by length of time till reunification 76.2%	8	65.6%	69.1%	67.3%	71.4%	71.5%	70.2%	68.5%	68.2%	59.8%	AFCARS GOAL OF 62.2%	Based on quarterly Outcome report performance not AFCARS formula
#11. Children exiting CD custody to adoption by length of time till adoption 32%	9	42.0%		42.8%	40.5%	39.8%		39.7%				Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	61.8%	61.4%	53.5%	47.2%	63.1%	62.3%	59.7%	56.0%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months) 86.7%	6	74.2%	74.5%	75.8%	75.1%	74.0%	73.9%	74.4%	74.9%	78 6%	AFCARS GOAL OF 80.5%	Based on quarterly Outcome report performance not AFCARS formula
# 17. Increase the number of children placed with relative providers (LS-1)	14	24.1%		25.7%	25.8%	23.8%		24.4%				
#17. Increase the number of children placed with relative providers (LS 1- 4)	15	28.1%	28.3%	27.7%	27.7%	27.2%	27.7%	27.9%	28.0%	25.9%	27.2%	
Peer Record Review Results**	PIP Item	CY 2005-1	CY 2005-2	PIP QTR-3 CY 2005-3	•	Q-1 Average Performance	Q-2 Average Performance	Q-3 Average Performance	Q-4 Average Performance	Baseline	Goal	
II-3. The needs of the family/child are identified.	17	90.3%	89.2%	90.1%	88.7%	91.3%	90.5%	90.2%	89.6%	91.0%	95.6%	
III-10. Rating for the overall quality of the comprehensive assessment	17	84.0%	80.7%	80.6%	78.5%	83.2%	83.0%	82.0%	80.9%	82.1%	86.2%	
V-8. The family participated in the development and signed the service plan.	18	77.1%	74.3%	73.9%	73.8%	77.7%	76.9%	75.8%	74.8%	74.1%	77.8%	

Peer Record Review Results**	PIP			DID OTD 2	DID OTD 4	0.4.4	0.0.4	0.2.4	0.4.4			
	Item	CY 2005-1	CY 2005-2	PIP QTR-3 CY 2005-3	PIP QTR-4 CY 2006-2	Q-1 Average Performance	Q-2 Average Performance	Q-3 Average Performance	Q-4 Average Performance	Rasolino	Goal	
IV-13. Services being provided to	110111	01 2003-1	01 2003-2	01 2005-5	01 2000-2	1 chomance	1 chomance	1 chomance	1 chomance	Daseille	Goai	
the family are adequate to meet their needs as identified in the												
assessment.	4	90.8%	91.0%	88.4%	88.1%	90.7%	90.6%	90.0%	89.5%	89.4%	90.3%	
IV-14. The worker visits with the												
family (caretakers) at least one time												
per month.	20	86.6%	84.9%	86.5%	84.4%	86.8%	85.6%	86.0%	85.6%	85.3%	89.5%	
IV-15. Rating for the overall quality	3											
of the service plan and service	17											
delivery process.	25	80.4%	79.2%	77.5%	77.8%	80.4%	80.0%	79.1%	78.7%	80.4%	84.4%	
V-1. Consideration was given to	14											
relatives or kin for placement.	15	86.0%	84.6%	82.6%	82.8%	86.4%	85.9%	84.5%	84.0%	83.0%	87.2%	
V-3. The child is placed in close	13	00.076	04.0 /6	02.0 /0	02.070	00.4 /0	03.970	04.3 //	04.0 /0	03.076	01.2/0	
proximity to their family.	16	89.8%	91.4%	89.4%	90.0%	89.9%	90.5%	90.0%	90.1%	91.0%	91.9%	
V-4. Siblings are placed together or	10	09.070	91.4%	09.4%	90.0%	09.970	90.5%	90.0%	90.1%	91.0%	91.970	
there is ongoing visitation.	12	90.4%	88.3%	85.2%	79.1%	86.9%	87.6%	87.9%	85.8%	85.6%	89.9%	
V-12. The permanency plan has	14	30.470	00.576	05.270	7 3.1 70	00.370	07.070	07.576	03.070	00.076	03.370	
been developed and it included												
options for concurrent planning.	7	83.9%	83.5%	85.3%	81.3%	84.5%	83.8%	84.4%	83.5%	85.9%	90.2%	
V-13. There is a current visitation		03.970	03.576	05.576	01.570	04.576	03.076	04.4 /0	03.370	00.976	30.2 /6	
plan in place to facilitate												
reunification.	13	82.9%	85.5%	84.7%	85.1%	84.6%	85.4%	85.4%	84.5%	89.4%	90.3%	
V-14. TPR has occurred or been filed	13	02.970	03.576	04.7 70	05.176	04.076	03.476	03.4 /6	04.370	03.476	90.370	
with then child has been in Out-of-												
Home Care for 15 of the most recent										-		
22 months, or compelling reasons												
are documented.												
are documented.	28	84.3%	90.2%	88.7%	89.7%	86.8%	87.8%	88.3%	88.1%	83.4%	87.5%	
V-16. The worker visits the child	20	04.576	30.2 /6	00.7 70	09.1 /0	00.076	07.070	00.5 /6	00.170	03.476	07.570	
twice every month.												
<u> </u>	19	73.5%	77.6%	81.4%	76.8%	75.3%	76.0%	77.4%	77.3%	72.8%	76.4%	
V-17. The physical needs of the	22	06.79/	06 49/	06 59/	04.09/	97.5%	06.09/	06 70/	06 49/	06.00/	97.8%	
child are being met.		96.7%	96.4%	96.5%	94.9%	97.5%	96.9%	96.7%	96.1%	96.9%	97.070	
V-18. The child is at grade level and receiving appropriate educational												
services.	21	95.7%	93.1%	95.8%	94.4%	96.2%	95.5%	95.3%	94.8%	95.6%	96.6%	
V-19. The mental health needs of the	<u> </u>	30.170	33.170	33.070	34.470	30.270	33.370	33.370	34.070	JJ.U /0	30.0 /0	
child are being met.	22	06.00/	06.00/	05.00/	04.69/	06.40/	06 50/	06.00/	06.00/	06.40/	07 20/	
	23	96.9%	96.9%	95.8%	94.6%	96.1%	96.5%	96.3%	96.0%	96.4%	97.3%	
V-21. If the youth is 16 and over,								-				
they are or have participated in the	40	70.00	00.70	05.401	70.00	=0.531				00.004	00.40/	
ILP classes.	10	73.0%	66.7%	65.4%	78.8%	70.3%	71.9%	69.8%	71.5%	63.3%	66.4%	
V-22. Youth 16 or older have an ILP												
plan documented in the case record												
(CS-1 Att.).	10	52.6%	42.3%	55.1%	58.3%	49.5%	48.2%	48.8%	52.7%	63.6%	66.4%	
Permanency Hearings as of 1/31/06	27	86.5%	88.6%	90.2%	92.3%	86.5%	88.6%	90.2%	92.3%	86.3%	88.0%	
Red = Performing below the baseline												
Green = Performing above baseline												
Purple = Performance exceeds goal												

PIP PERFORMANCE DATA - February - April 2006

				FIF FL	CI CICIVIA	INCL DATA	a - i ebiuai	y - April 20	000				
Outcome Report	PIP					Q-1 Average				Q-5 Average			
Measures*	Item	FY 2005-4	FY 2006-1	FY 2006-2	FY 2006-3	Performance	Performance	Performance	Performance	Performance	Baseline	Goal	
# 1. Timeliness of initial		04.00(0.4.00/	0.4.50/	0.4.40/		=0 40/				70.00/	00.40/	
child contact	1	81.9%	81.3%	84.5%	84.4%	77.5%	79.4%	80.6%	81.9%	83.0%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidisvism) 6.1%												NCANDS GOAL OF	Based on quarterly Outcome report performance not NCANDS
	2	4.9%	4.8%	5.0%	4.4%	5.5%	5.1%	4.9%	5.0%	4.8%	8.3%	7.4%	formula
#4. Reduce incidence of child abuse in foster care (Goal achieved) .57%	2	0.44%	0.45%	0.42%	0.39%	0.59%	0.53%	0.49%	0.46%	0.43%	0.37%	0.57%	Passed
#10. Children returning													Based on
home by length of time till reunification 76.2%	8	69.1%	68.0%	71.5%	68.1%	71.5%	70.2%	68.7%	68.5%	69.1%	59.8%	AFCARS GOAL OF 62.2%	quarterly Outcome report performance not AFCARS formula
#11. Children exiting CD custody to adoption by length of time till adoption	_												
32%	9	36.8%	41.7%	38.2%	47.5%	39.8%	39.2%	39.5%	39.7%	40.6%	38.5%	32.0%	Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	61.4%	53.9%	48.0%	68.4%	63.1%	62.3%	59.8%	56.3%	57.8%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months) 86.7%		74.5%	76.0%	75.1%	77.5%	74.0%	73.9%	74.5%	75.0%	75.8%	78 6%	AFCARS GOAL OF 80.5%	Based on quarterly Outcome report performance not AFCARS formula
#14 Reduce re-entry into		74.576	70.076	73.170	11.570	74.0 /0	73.5%	74.370	75.0 //	73.070	70.076	00.576	IOIIIIuia
foster care 8.6%		7.9%	9.3%	9.1%	10.6%	10.9%	10.4%	9.9%	9.8%	10.0%		8.6%	
#17. Increase the number of children placed with relative providers (LS 1-4)	15	28.3%	26.9%			27.2%	27.7%	27.7%					
Peer Record Review	PIP		PIP OTR-3	PIP OTR-4		Q-1 Average	Q-2 Average	Q-3 Average		Q-5 Average			
Results**	Item					Performance	•				Baseline	Goal	
IV-8. The family participated in the development and signed	18												
the service plan.	25	74.3%	73.9%	73.8%	72.6%	77.7%	76.9%	75.8%	74.8%	73.7%	74.1%	77.8%	
V-13. Services being provided to the family are adequate to meet their needs as identified in the	3		0.5 15:								00.00		
assessment.	17	91.0%	88.4%	88.1%	86.6%	90.7%	90.6%	90.0%	89.5%	88.5%	89.4%	90.3%	
IV-14. The worker visits with the family (caretakers) at least one time per month.													
-	20	84.9%	86.5%	84.4%	84.4%	86.8%	85.6%	86.0%	85.6%	85.1%	85.3%	89.5%	

Peer Record Review	PIP		PIP QTR-3	PIP QTR-4	PIP QTR-5	Q-1 Average	Q-2 Average	Q-3 Average	Q-4 Average	Q-5 Average			
Results**	Item	CY 2005-2	CY 2005-3	CY 2005-4	CY 2006-1	Performance	Performance	Performance	Performance	Performance	Baseline	Goal	
V-1. Consideration was													
given to relatives or kin for	14												
placement.	15	84.6%	82.6%	82.8%	83.6%	86.4%	85.9%	84.5%	84.0%	83.4%	83.0%	87.2%	
V-3. The child is placed in													
close proximity to their													
family.	16	91.4%	89.4%	90.0%	88.4%	89.9%	90.5%	90.0%	90.1%	89.8%	91.0%	91.9%	
V-4. Siblings are placed													
together or there is													
ongoing visitation.	12	88.3%	85.2%	79.1%	83.9%	86.9%	87.6%	87.9%	85.8%	84.1%	85.6%	89.9%	
V-12. The permanency plan													
has been developed and it													
included options for													
concurrent planning.	7	83.5%	85.3%	81.3%	84.9%	84.5%	83.8%	84.4%	83.5%	83.7%	85.9%	90.2%	
V-13. There is a current													
visitation plan in place to													
facilitate reunification.	13	85.5%	84.7%	85.1%	84.9%	84.6%	85.4%	85.4%	84.5%	85.0%	89.4%	90.3%	
V-14. TPR has occurred or													
been filed with then child						-							
has been in Out-of-Home													
Care for 15 of the most						annanana							
recent 22 months, or													
compelling reasons are													
documented.	28	90.2%	88.7%	89.7%	90.9%	86.8%	87.8%	88.3%	88 1%	Achieved	83.4%	87.5%	
V-16. The worker visits the		30.270	00.7 70	00.770	30.370	00.070					00.470	07.070	
child twice every month.													
omia twice every month.	19	77.6%	81.4%	76.8%	77.1%	75.3%	76.0%	77.4%	77.3%	Achieved	72.8%	76.4%	
V-17. The physical needs		111070	311176	7 0.070	,	101070	101070		111070		7 2.070	1 01170	
of the child are being met.	22	96.4%	96.5%	94.9%	95.6%	97.5%	96.9%	96.7%	96.1%	95.8%	96.9%	97.8%	
V-18. The child is at grade													
level and receiving													
appropriate educational													
services.	21	93.1%	95.8%	94.4%	95.0%	96.2%	95.5%	95.3%	94.8%	94.5%	95.6%	96.6%	
V-19. The mental health													
needs of the child are being													
met.	23	96.9%	95.8%	94.6%	95.0%	96.1%	96.5%	96.3%	96.0%	95.6%	96.4%	97.3%	
V-21. If the youth is 16 and													
over, they are or have						documenta							
participated in the ILP	10	66.7%	65.4%	78.8%	70.3%	70.3%	71.9%	69.8%	71.5%	Achieved	63.3%	66.4%	
V-22. Youth 16 or older						annanan							
have an ILP plan													
documented in the case						а							
record (CS-1 Att.).	10	42.3%	55.1%	58.3%	44.4%	49.5%	48.2%	48.8%	52.7%	51.1%	63.6%	66.4%	
Permanency Hearings as of													
1/31/06	27	88.6%	90.2%	92.3%	94.1%	86.5%	88.6%	90.2%	92.3%	Achieved	86.3%	88.0%	
						and the second							
Quarterly Outcome Reports are						anaona							
captured by state fiscal year.													
** Quarterly Peer Record Review Results are reported by calendar													
Results are reported by calendar year.													
,													
Red = Performing below the ba	aseline												
Green = Performing above bas													
Purple = Performance exceeds			***************************************										
arpic – i chomiance exceeds	yoai	1											

PIP PERFORMANCE DATA - May - July 2006

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Outcome Report	PIP					Q-2 Average				Q-6 Average			
Measures*	Item	FY 2006-1	FY 2006-2	FY 2006-3	FY 2006-4	Performance	Performance	Performance	Performance	Performance	Baseline	Goal	
# 1. Timeliness of initial													
child contact	1	81.3%	84.5%	84.4%	80.7%	79.4%	80.6%	81.9%	83.0%	82.9%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidisvism) 6.1%												NCANDS GOAL OF	Based on quarterly Outcome report performand not NCAND
	2	4.8%	5.0%	4.4%	3.9%	5.1%	4.9%	5.1%	4.8%	4.6%	8.3%	7.4%	formula
#4. Reduce incidence of child abuse in foster care													
(Goal achieved) .57%	2	0.53%	0.56%	0.60%	0.47%	0.53%	0.51%	0.51%	0.53%	0.54%	0.37%	0.57%	Passed
#10. Children returning home by length of time till reunification 76.2%	8	68.0%	71.6%	68.1%	71.7%	70.2%	68.7%	68.6%	69.1%	69.7%	59.8%	AFCARS GOAL OF 62.2%	Based on quarterly Outcome report performance not AFCAR formula
#11. Children exiting CD	-	00.070	1 1.070	00.170	7 117 70	101270	0011 /0	00.07.0	331170	3011 70	00.070	02.270	
custody to adoption by length of time till adoption		44.007	00.004	40.007	00.70/								
32%	9	41.8%	38.6%	48.0%	39.7%	39.2%	39.5%	39.8%	41.1%	41.8%	38.5%	32.0%	Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	53.8%	48.0%	68.6%	74.8%	62.3%	59.7%	56.3%	57.9%	61.0%	62.8%	69.0%	
#13A. Reduce the number of placements of children in coster care (Children in care less than 12 months)	1	75.9%	75.1%	77.3%	78.4%	73.9%	74.5%	74.9%	75.7%	76.6%	79 69/	AFCARS GOAL OF 80.5%	Based on quarterly Outcome report performand not AFCAR formula
#14 Reduce re-entry into	0	75.976	73.170	11.370	70.470	13.9/0	74.5 /0	74.570	73.1 /0	70.076	70.076	00.578	IOIIIIuia
oster care 8.6%		9.3%	9.1%	10.5%	8.9%	10.4%	9.9%	9.9%	10.0%	9.4%		8.6%	
#17. Increase the number of children placed with													
relative providers (LS 1-4)	15	26.9%	27.1%	27.1%	28.7%	27.7%	27.7%	27.6%	27.4%	Achieved	25.9%	27.2%	
Peer Record Review Results**	PIP Item					Q-2 Average Performance	Q-3 Average Performance	Q-4 Average Performance	Q-5 Average Performance	Q-6 Average Performance	Baseline	Goal	
V-8. The family participated in the development and signed	18	70.007	70.00/	70.00	70.407								
he service plan.	25	73.9%	73.8%	72.6%	78.1%	76.9%	75.8%	74.8%	73.7%	74.6%	74.1%	77.8%	
V-13. Services being provided to the family are adequate to meet their needs as identified in the	3												
assessment.	17	88.4%	88.1%	86.6%	88.9%	90.6%	90.0%	89.5%	88.5%	88.0%	89.4%	90.3%	
V-14. The worker visits with the family (caretakers) at least one time per month.													
•	20	86.5%	84.4%	84.4%	81.4%	85.6%	86.0%	85.6%	85.1%	84.2%	85.3%	89.5%	

Peer Record Review	PIP	PIP QTR-3	PIP QTR-4	PIP QTR-5	PIP QTR-6	Q-2 Average	Q-3 Average	Q-4 Average	Q-5 Average	Q-6 Average			
Results**	Item							Performance			Baseline	Goal	
V-1. Consideration was													
given to relatives or kin for	14												
placement.	15	82.6%	82.8%	83.6%	88.9%	85.9%	84.5%	84.0%	83.4%	84.4%	83.0%	87.2%	
V-3. The child is placed in													
close proximity to their													
family.	16	89.4%	90.0%	88.4%	88.1%	90.5%	90.0%	90.1%	89.8%	89.0%	91.0%	91.9%	
V-4. Siblings are placed													
together or there is													
ongoing visitation.	12	85.2%	79.1%	83.9%	89.2%	87.6%	87.9%	85.8%	84.1%	84.2%	85.6%	89.9%	
V-12. The permanency plan			-										
has been developed and it													
included options for													
concurrent planning.	7	85.3%	81.3%	84.9%	83.2%	83.8%	84.4%	83.5%	83.7%	83.6%	85.9%	90.2%	
V-13. There is a current													
visitation plan in place to						- Control of the Cont							
facilitate reunification.	13	84.7%	85.1%	84.9%	87.7%	85.4%	85.4%	84.5%	85.0%	85.5%	89.4%	90.3%	
V-17. The physical needs													
of the child are being met.	22	96.5%	94.9%	95.6%	95.9%	96.9%	96.7%	96.1%	95.8%	95.7%	96.9%	97.8%	
V-18. The child is at grade													
level and receiving													
appropriate educational						0000							
services.	21	95.8%	94.4%	95.0%	94.5%	95.5%	95.3%	94.8%	94.5%	94.9%	95.6%	96.6%	
V-19. The mental health													
needs of the child are being													
met.	23	95.8%	94.6%	95.0%	94.5%	96.5%	96.3%	96.0%	95.6%	95.0%	96.4%	97.3%	
V-22. Youth 16 or older													
have an ILP plan						000							
documented in the case													
record (CS-1 Att.).	10	55.1%	58.3%	44.4%	46.2%	48.2%	48.8%	52.7%	51.1%	51.9%	63.6%	66.4%	
Permanency Hearings as of													
7/31/06	27	90.2%	92.3%	94.1%	94.0%	88.6%	90.2%	92.3%	Achieved	Achieved	86.3%	88.0%	
*Quarterly Outcome Reports are													
captured by state fiscal year.													
** Quarterly Peer Record Review Results are reported by calendar						-							
year.													
,													
Red = Performing below the ba	seline											-	
Green = Performing above bas										***************************************			
Purple = Performance exceeds											-		

PIP PERFORMANCE DATA - August - October 2006

			'			IOL DATA	August	OCTOBEL 2	000				
Outcome Report Measures*	PIP Item				PIP QTR-7 FY 2007-1			Q-5 Average Performance		Q-7 Average Performance	Raseline	Goal	
# 1. Timeliness of initial	110111	2000 2	2000 0	2000 .	200		. orrormanoo		. orrormanoo	1 Griorinanos	Dascille	Goal	
child contact	1	84.5%	84.4%	80.7%	77.4%	80.6%	81.9%	83.0%	82.9%	82.2%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidisvism) 6.1%	•	01.070	01.170	30.11 /A		00.07	311070	55.67	02.070	321270		NCANDS	Based on quarterly Outcome report performance
										_	1	GOAL OF	not NCAND
#4. Reduce incidence of child abuse in foster care (Goal achieved) .57%	2	5.0%	4.4% 0.60%	3.9% 0.47%	4.7% 0.26%	4.9% 0.51%	5.1% 0.51%		4.6% 0.54%	4.5% 0.47%	8.3% 0.37%		formula Passed
#10. Children returning home by length of time till reunification 76.2%	8		68.1%	71.7%			68.6%					AFCARS GOAL OF	Based on quarterly Outcome report performand not AFCAR
#11. Children exiting CD custody to adoption by length of time till adoption		71.6%			68.1%	68.7%			69.7%	69.8%	59.8%		formula
# 12. Children with timely	9	38.6%	48.0%	39.7%	41.8%	39.5%	39.8%	41.1%	41.8%	41.8%	38.5%	32.0%	Passed
completion of FSTM w/i 30 days and 6 months	26	48.0%	68.6%	74.8%	64.5%	59.7%	56.3%	57.9%	61.0%	63.8%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months)	6	75.1%	77.3%	78.4%	78.5%	74.5%	74.9%	75.7%	76.6%	77.3%	1	AFCARS GOAL OF	Based on quarterly Outcome report performand not AFCAR formula
#14 Reduce re-entry into		73.176	11.570	70.470	70.076	74.570	74.370	75.770	70.078	77.570	70.076	00.570	Tormula
foster care 8.6%		9.1%	10.5%	8.9%	9.6%	9.9%	9.9%	10.0%	9.4%	9.5%		8.6%	
Peer Record Review Results**	PIP Item					Q-3 Average Performance	Q-4 Average Performance	Q-5 Average Performance	Q-6 Average Performance	Q-7 Average Performance	Baseline	Goal	
IV-8. The family participated in the development and signed	18	70.00	70.000	70.40	70 7 0.	 - 604	74.00		74.00	75.00	74.40	77.00	
the service plan. IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	25 3 17	73.8%	72.6%	78.1%	78.7%	75.8%	74.8%		74.6%			77.8%	
IV-14. The worker visits with the family (caretakers) at least one time per month.	17	88.1%	86.6%	88.9%	90.0%	90.0%	89.5%	88.5%	88.0%	88.4%	89.4%	90.3%	
	20	84.4%	84.4%	81.4%	80.8%	86.0%	85.6%	85.1%	84.2%	82.8%	85.3%	89.5%	I

[1			
V-1. Consideration was													
given to relatives or kin for	14												
placement.	15	82.8%	83.6%	88.9%	86.2%	84.5%	84.0%	83.4%	84.4%	85.3%	83.0%	87.2%	
		02.070	00.070	00.070	00.270	0.1070	0.1.07.0	331170	0 / 0	00.070	00.070	0	
Peer Record Review	PIP	PIP OTR-4	PIP OTR-5	PIP QTR-6	PIP QTR-7	Q-3 Average	Q-4 Average	Q-5 Average	Q-6 Average	Q-7 Average			
Results**						Performance		•	-	•	Baseline	Goal	
V-3. The child is placed in				0. 2000 2	0000						Ducomio	Jou.	
close proximity to their													
family.	16	90.0%	88.4%	88.1%	88.7%	90.0%	90.1%	89.8%	89.0%	88.9%	91.0%	91.9%	
V-4. Siblings are placed	10	30.070	00.470	00.170	00.7 /0	30.070	30.170	03.070	03.070	00.570	31.070	31.370	
together or there is													
ongoing visitation.	12	79.1%	83.9%	89.2%	82.2%	87.9%	85.8%	84.1%	84.2%	83.4%	85.6%	89.9%	
V-12. The permanency plan		7 3.1 70	00.070	03.2 /0	02.2 /0	07.570	03.070	04.170	04.270	03.470	00.070	03.370	
has been developed and it													
included options for	_	04.00/	0.4.00/	00.00/	00 5 0/		00.50/		00.007		05.00/	22.22	
concurrent planning.	7	81.3%	84.9%	83.2%	86.5%	84.4%	83.5%	83.7%	83.6%	83.9%	85.9%	90.2%	
V-13. There is a current													
visitation plan in place to		05.40/	0.4.00/	07 70/	0= = 0/	0- 404	0.4.50/	05 0 0/	05 50/	00.00/	00.40/		
facilitate reunification.	13	85.1%	84.9%	87.7%	87.7%	85.4%	84.5%	85.0%	85.5%	86.3%	89.4%	90.3%	
V-17. The physical needs													
of the child are being met.	22	94.9%	95.6%	95.9%	97.8%	96.7%	96.1%	95.8%	95.7%	96.3%	96.9%	97.8%	
V-18. The child is at grade													
level and receiving													
appropriate educational													
services.	21	94.4%	95.0%	94.5%	95.8%	95.3%	94.8%	94.5%	94.9%	94.9%	95.6%	96.6%	
V-19. The mental health													
needs of the child are being		0.4.00/	05.00/	0.4.50/	25.00/			05 00/	0.5.00/	05.00/	00.40/	0= 00/	
met.	23	94.6%	95.0%	94.5%	95.9%	96.3%	96.0%	95.6%	95.0%	95.0%	96.4%	97.3%	
V-22. Youth 16 or older													
have an ILP plan													
documented in the case					_		_						
record (CS-1 Att.).	10	58.3%	44.4%	46.2%	58.3%	48.8%	52.7%	51.1%	51.9%	51.7%	63.6%	66.4%	
10 11 0 11 0													
*Quarterly Outcome Reports are captured by state fiscal year.													
** Quarterly Peer Record Review		 											
Results are reported by calendar													
year.													
Red = Performing below the ba	aseline												
Green = Performing above bas													
Purple = Performance exceeds	s goal												

	Р	IP PERF	ORMANC	E DATA	- Noven	nber 200	6 - Janu	ary 2007	(Update))		
Outcome Report Measures*	PIP Item	PIP QTR-1 FY 2005-3	PIP QTR-2 FY 2005-4		PIP QTR-4 FY 2006-2				PIP QTR-8 FY 2007-2	Baseline	Goal	
# 1. Timeliness of initial child contact	1	80.0%	81.9%	81.3%	84.5%	84.4%	80.7%	72.0%	73.4%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidisvism) 6.1%	2	5.5%	4.9%	4.8%	5.0%	4.4%	3.9%	4.9%	4.2%	8.3%	NCANDS GOAL OF 7.4%	Based on quarterly Outcome report performance not NCANDS formula
#4. Reduce incidence of child abuse in foster care												
(Goal achieved) .57%	2	0.53%	0.44%	0.53%	0.56%	0.60%	0.47%	0.27%	0.19%	0.37%	0.57%	Passed
#10. Children returning home by length of time till reunification 76.2%	_										AFCARS GOAL OF	Based on quarterly Outcome report performance not AFCARS
#44 Children oviding CD	8	65.6%	69.1%	68.0%	71.6%	68.1%	71.7%	69.2%	70.1%	59.8%	62.2%	formula
#11. Children exiting CD custody to adoption by length of time till adoption 32%	9	42.0%	36.8%	41.8%	38.6%	48.0%	39.7%	41.7%	45.1%	38.5%	32.0%	Passed
# 12. Children with timely												
completion of FSTM w/i 30												
days and 6 months #13A. Reduce the number	26	61.8%	61.4%	53.8%	48.0%	68.6%	74.8%	69.4%	69.9%	62.8%	69.0%	Based on
of placements of children in foster care (Children in care less than 12 months) 86.7%		74.2%	74.5%	75.9%	75.1%	77.3%	78.4%	78.3%	78.9%	78.6%	AFCARS GOAL OF 80.5%	quarterly Outcome report performance not AFCARS formula
#14 Reduce re-entry into									1 010 / 0	10.070		
foster care 8.6%		13.1%	7.9%	9.3%	9.1%	10.5%	8.9%	9.6%	8.0%		8.6%	
Peer Record Review Results**	PIP Item		PIP QTR-1 CY 2005-2					PIP QTR-7 CFY 2006-3		Raseline	Goal	
IV-8. The family participated in the development and signed the service plan.	18 25	77.1%		73.9%			78.1%	78.7%	71.1%		75.3%	
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	3 17	90.8%	91.0%				88.9%	90.0%	88.2%		89.9%	
IV-14. The worker visits with the family (caretakers) at least one time per month.												
	20	86.6%	84.9%	86.5%	84.4%	84.4%	81.4%	80.8%	78.0%	84.4%	85.2%	
Peer Record Review Results**	PIP Item		PIP QTR-1 CY 2005-2					PIP QTR-7 CFY 2006-3		Baseline	Goal	

V-1. Consideration was												
given to relatives or kin for												
placement.	14											
	15	86.0%	84.6%	82.6%	82.8%	83.6%	88.9%	86.2%	84.3%	82.8%	84.5%	
V-3. The child is placed in												
close proximity to their												
family.	16	89.8%	91.4%	89.4%	90.0%	88.4%	88.1%	88.7%	88.9%	90.0%	90.9%	
V-4. Siblings are placed												
together or there is		un de la companya de la companya de la companya de la companya de la companya de la companya de la companya de										
ongoing visitation.	12	90.4%	88.3%	85.2%	79.1%	83.9%	89.2%	82.2%	83.9%	79.1%	80.7%	
V-12. The permanency plan												
has been developed and it												
included options for												
concurrent planning.	7	83.9%	83.5%	85.3%	81.3%	84.9%	83.2%	86.5%	87.8%	81.3%	82.9%	
V-13. There is a current												
visitation plan in place to												
facilitate reunification.	13	82.9%	85.5%	84.7%	85.1%	84.9%	87.7%	87.7%	82.5%	85.1%	86.8%	
V-17. The physical needs												
of the child are being met.	22	96.7%	96.4%	96.5%	94.9%	95.6%	95.9%	97.8%	97.7%	94.9%	96.8%	
V-18. The child is at grade												
level and receiving												
appropriate educational												
services.	21	95.7%	93.1%	95.8%	94.4%	95.0%	94.5%	95.8%	94.8%	94.4%	95.3%	
V-19. The mental health												
needs of the child are being												
met.	23	96.9%	96.9%	95.8%	94.6%	95.0%	94.5%	95.9%	97.3%	94.6%	95.5%	~~~~
*Quarterly Outcome Reports are												
captured by state fiscal year.												
** Quarterly Peer Record Review												
Results are reported by calendar												
year.												
						· · · · · · · · · · · · · · · · · · ·						
Red = Performing below the	baselin	е				•						***************************************
Green = Performing above b	aseline											
Purple = Performance excee	ds goal											

			PIP P	ERFOR	MANCE	DATA - I	February	/ - April 2	007				
Outcome Report Measures*	PIP Item	PIP QTR-1 FY 2005-3	PIP QTR-2 FY 2005-4					PIP QTR-7 FY 2007-1	PIP QTR-8 FY 2007-2	Post PIP FY 2007-3	Baseline	Goal	
# 1. Timeliness of initial child contact	1	80.0%	81.9%	81.3%	84.5%	84.4%	80.7%	71.9%	73.3%	75.2%	76.6%	80.4%	
Peer Record Review Results**	PIP Item		PIP QTR-1 CY 2005-2		-			PIP QTR-7 CFY 2006-3		Post PIP CFY 2007-1	Baseline	Goal	
IV-8. The family participated in the development and signed the service plan.	18 25	77.1%	74.3%	73.9%	73.8%	72.6%	78.1%	78.7%	71.1%	74.3%	73.8%	75.3%	
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	3 17	90.8%	91.0%	88.4%	88.1%	86.6%	88.9%	90.0%	88.2%	86.8%	88.1%	89.9%	
IV-14. The worker visits with the family (caretakers) at least one time per month.													
V-3. The child is placed in close proximity to their family.	20 16	86.6%	91.4%	86.5% 89.4%	90.0%				78.0% 88.9%			85.2% 90.9%	
V-13. There is a current visitation plan in place to facilitate reunification.	13	82.9%			85.1%		87.7%	87.7%	82.5%	84.8%	85.1%	86.8%	
*Quarterly Outcome Reports are captured by state fiscal year.													
** Quarterly Peer Record Review Results are reported by calendar year.													
Red = Performing below the Green = Performing above b													
Purple = Performance excee		-}											

child contact 1 80.0% 81.9% 81.3% 84.5% 84.4% 80.7% 71.9% 73.3% 75.1% 76.4% 76.6% 80.4% Peer Record Review Results** Pip QTR-1 Pip QTR-1 Pip QTR-2 Pip QTR-3 Pip QTR-4 Pip QTR-5 Pip QTR-6 Pip QTR-7 Pip QTR-8 Pip QTR-7 Pip QTR-8 Pip QTR-9 Post Pip					PIP PE	RFORM	ANCE D	ATA - M	lay - July	2007				
child contact 1 80.0% 81.9% 81.3% 84.5% 84.4% 80.7% 71.9% 73.3% 75.1% 76.6% 80.4% Peer Record Review Results** Pip QTR-1 Pip QTR-1 Pip QTR-2 Pip QTR-3 Pip QTR-6 Pip QTR-6 Pip QTR-7 Pip QTR-8 Pip QTR-7 Pip QTR-8 Pip QTR-7 Pip QTR-8 Pip QTR-8 Pip QTR-8 Pip QTR-7 Pip QTR-8 Pip QT	•												Baseline	Goal
Results**	# 1. Timeliness of initial child contact	1	80.0%	81.9%	81.3%	84.5%	84.4%	80.7%	71.9%	73.3%	75.1%	76.4%	76.6%	80.4%
participated in the development and signed the service plan. 18 18 18 19 19 19 19 19 19 19 10 10 11 11 11 11 11 11 11 11 11 11 11													Baseline	Goal
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment. 17 90.8% 91.0% 88.4% 88.1% 86.6% 88.9% 90.0% 88.2% 86.8% 91.9% 88.1% 89.9% IV-14. The worker visits with the family (caretakers) at least one time per month. 20 86.6% 84.9% 86.5% 84.4% 84.4% 81.4% 80.8% 78.0% 81.6% 86.2% 84.4% 85.2% It least one time per month. 20 86.8% 91.4% 89.9% 86.5% 84.4% 84.4% 81.4% 80.8% 78.0% 81.6% 86.2% 84.4% 85.2% It least one time per month. 16 89.8% 91.4% 89.4% 90.0% 88.4% 88.1% 88.7% 88.9% 85.6% 94.4% 90.0% 90.9% It least one time per month. 18 82.9% 85.5% 84.7% 85.1% 84.9% 87.7% 87.7% 82.5% 84.8% 89.9% 85.1% 86.8% It least one time per month. 19 86.8% 91.9% 85.5% 84.8% 89.9% 85.6% 94.4% 90.0% 90.9% It least one time per month. 20 86.6% 84.9% 86.5% 84.4% 84.4% 84.4% 81.4% 80.8% 78.0% 81.6% 86.2% 84.4% 85.2% It least one time per month. 20 86.6% 84.9% 86.5% 84.4% 84.4% 84.4% 81.4% 80.8% 78.0% 81.6% 86.2% 84.4% 85.2% It least one time per month. 20 86.6% 84.9% 85.5% 84.4% 84.4% 84.4% 81.4% 80.8% 78.0% 81.6% 86.2% 84.4% 85.2% It least one time per month. 20 86.6% 84.9% 86.5% 84.4% 84.4% 81.4% 80.8% 78.0% 81.6% 86.2% 84.4% 85.2% It least one time per month. 20 86.6% 84.9% 85.5% 84.4% 84.4% 84.4% 81.4% 80.8% 78.0% 81.6% 86.2% 84.4% 85.2% It least one time per month. 20 86.6% 84.9% 85.5% 84.4% 84.4% 84.4% 81.4% 80.8% 78.0% 81.6% 86.2% 84.4% 85.2% 86.8% 86.2% 84.4% 85.2% 86.8% 86	participated in the development and signed	-	77.1%	74,3%	73.9%	73,8%	72.6%	78,1%	78.7%	71.1%	74,3%	81.4%	73.8%	75.3%
IV-14. The worker visits with the family (caretakers) at least one time per month. 20 86.6% 84.9% 86.5% 84.4% 84.4% 81.4% 80.8% 78.0% 81.6% 86.2% 84.4% 85.2% V-3. The child is placed in close proximity to their family. 16 89.8% 91.4% 89.4% 90.0% 88.4% 88.1% 88.7% 88.9% 85.6% 94.4% 90.0% 90.9% V-13. There is a current visitation plan in place to facilitate reunification. 13 82.9% 85.5% 84.7% 85.1% 84.9% 87.7% 87.7% 82.5% 84.8% 89.9% 85.1% 86.8% 84.9% 87.7% 87.7% 82.5% 84.8% 89.9% 85.1% 86.8%	IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	3												
V-3. The child is placed in close proximity to their family. 16 89.8% 91.4% 89.4% 90.0% 88.4% 88.1% 88.7% 88.9% 85.6% 94.4% 90.0% 90.9% V-13. There is a current visitation plan in place to facilitate reunification. 13 82.9% 85.5% 84.7% 85.1% 84.9% 87.7% 82.5% 84.8% 89.9% 85.1% 86.8% *Quarterly Outcome Reports are captured by state fiscal year. ** Quarterly Peer Record Review	with the family (caretakers)													
visitation plan in place to facilitate reunification. 13 82.9% 85.5% 84.7% 85.1% 84.9% 87.7% 82.5% 84.8% 89.9% 85.1% 86.8% *Quarterly Outcome Reports are captured by state fiscal year. ** Quarterly Peer Record Review	close proximity to their													
captured by state fiscal year. ** Quarterly Peer Record Review	visitation plan in place to	13	82.9%	85.5%	84.7%	85.1%	84.9%	87.7%	87.7%	82.5%	84.8%	89.9%	85.1%	86.8%
Results are reported by calendar	captured by state fiscal year.													
	Green = Performing above by Purple = Performance exceeds													